

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90085 021 ***61.25

DOCUMENT # N94000001366

1. Entity Name

EAGLE RIDGE AT LAUDERHILL ASSOCIATION, INC.



Principal Place of Business

**5143 NW 87TH TERRACE
LAUDERHILL FL 33351
US**

Mailing Address

**5143 NW 87TH TERRACE
LAUDERHILL FL 33351
US**

2. Principal Place of Business

**7101 W Commercial Blvd
Suite, Apt. #, etc.
4-A**

3. Mailing Address

**P.O. Box 26478
Suite, Apt. #, etc.**

City & State

Tamara FL

City & State

Tamara FL

Zip

33319

Country

Zip

33320-6478

Country

4. FEI Number

65-0527452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SUSAN P BAKALAR PA
2240 SW 70TH AVE UNIT D
DAVIE FL 33317**

WESTSIDE CORPORATE CENTER

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

WESTSIDE CORPORATE CENTER

150 S PINE ISLAND RD STE 540

City

PLANTATION

State

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **MOLINARI, BRUNO**
STREET ADDRESS **5171 NW 87TH TERRACE**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **WILSHIRE, RENE**
STREET ADDRESS **5167 NW 87TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **KIKER, MAX**
STREET ADDRESS **5143 NW 87TH TERRACE**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MAX A. KIKER

3/30/03

305/450-7301

CR2E037 (10/02)