

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90299 002 ****61.25

DOCUMENT # N96000004675



1. Entity Name
1317 ASSOCIATION, INC.

Principal Place of Business
**1317 S.W. 1ST AVE.
FT. LAUDERDALE FL 33315**

Mailing Address
**1317 S.W. 1ST AVE.
FT. LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

~~PEDERSEN~~
PONDERSEN, DAVID A
1317 S.W. 1ST AVE.
FT. LAUDERDALE FL 33315

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *DAVID A. PEDERSEN*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/27/03**

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	D	<input checked="" type="checkbox"/> Delete
NAME	STIGFEL, CAROL	
STREET ADDRESS	1321 SW 1ST AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, BERNARD	
STREET ADDRESS	1325 SW 1ST AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEDERSEN, DAVID A	
STREET ADDRESS	1317 S.W. 1ST AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	Director	<input type="checkbox"/> Delete
NAME	DAVID D'ONOFRIO	
STREET ADDRESS	1321 SW 1ST AVE	
CITY-ST-ZIP	FT. LAUD. FL. 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *DAVID A. PEDERSEN* **1/27/03** **954-275-8883**

CR2E037 (10/02)