

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

001 198

**DOCUMENT # N98000002147**

1. Entity Name

**VIRGINIA BEACH RESORT OWNERS ASSOCIATION, INC.**

01-24-2001 90073 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

355 VIRGINIA STREET  
 HOLLYWOOD FL 33019

355 VIRGINIA STREET  
 HOLLYWOOD FL 33019

00007443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Hollywood FLORIDA

4. FEI Number

65-0915119

Applied For

Not Applicable

Zip

Country

Zip

Country

33022

BROWARD

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLAZER, ERIC M  
 20801 BISCAYNE BLVD.  
 4TH FLOOR  
 AVENTURA FL 33180

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	STRUNK, BARBARA	355 VIRGINIA STREET	HOLLYWOOD FL 33019	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	STRUNK, RUSSELL	355 VIRGINIA STREET	HOLLYWOOD FL 33019	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	IVANOFF, PETER	4801 JACKSON STREET	HOLLYWOOD FL 33021	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*RUSSELL STRUNK*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/01

Daytime Phone #

954920 0418

CR2E037 (10/00)