

# UNIFORM BUSINESS REPORT (UBR)

000970

DOCUMENT # N99000002933

1. Entity Name  
GREATER FLAMINGO PARK CIVIC ASSOCIATION, INC.



FILED

04 NOV 15 PM 3:35

SECRETARY OF STATE  
FLORIDA



REINSTATEMENT \$161.25  
03-04

Principal Place of Business  
1661 SW 22 AVENUE  
FORT LAUDERDALE FL 33312

Mailing Address  
1661 SW 22 AVENUE  
FORT LAUDERDALE FL 33312

2. Principal Place of Business  
3920 Riverland Rd  
Suite, Apt. #, etc.

3. Mailing Address  
3920 Riverland Rd  
Suite, Apt. #, etc.

City & State  
Ft. Lauderdale  
Zip 33312 Country BROW

City & State  
Ft. Lauderdale FL  
Zip 33312 Country

4. FEI Number 65-0953195  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MILLER, GYPSY  
2217 SW 15 ST.  
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent  
Name Dennis DeRolf  
Street Address (P.O. Box Number is Not Acceptable)  
3920 Riverland Rd  
City Ft. Lauderdale, FL Zip Code 33312

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 DATE 4/26/04  
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES \$161.25  
After September 10, 2003, min will be \$236.25

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>JACOBSON, CYNTHIA R<br>1661 SW 22 AVENUE<br>FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>JACOBSON, CYNTHIA<br>1661 SW 22 AVE<br>FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SADLER, JUDY<br>2120 SW 23RD TERRACE<br>FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DIROSATO, DEBBIE<br>2101 SW 23 AVE<br>FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEROLF, DENNIS<br>2301 SW 16 CRT<br>FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BAUM, JORGEN D<br>1660 SW 23 AVE<br>FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>800043097898<br>12/01/04--01027--015 **61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

2. 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 DATE 4/26/04 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 321-8916

CR2E037 (4/03)

## **Greater Flamingo Park Civic Association, Inc.**

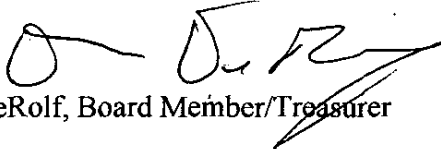
**11/11/2004**

Barbara Mitchell  
Florida Dept. of State  
Division of Corporations  
Reinstatement Section  
PO Box 6327  
Tallahassee, Fl. 32314-6327

Ref: Phone Conv. of 11/10/2004

Enclosed is a copy of the check and application sent to you on 4-27-2004. Since it was never processed and the check has not been processed we are resubmitting as per your instructions. We never received the letter that you mentioned dated May of 2003 requesting the names of our officers. This may have had something to do with the lost paperwork sent to you. Please reinstate us as soon as possible. I have enclosed a check for \$61.25 as per your instructions.

Sincerely,



Dennis DeRolf, Board Member/Treasurer

DD:la