

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90045 021 \*\*\*\*61.25

**DOCUMENT # 719105**

1. Entity Name  
**MONTECRISTI COUNTRY CLUB APARTMENTS, INC.**

Principal Place of Business  
**1101 CRYSTAL LAKE DRIVE  
POMPANO BEACH FL 33064**

Mailing Address  
**1101 CRYSTAL LAKE DRIVE  
POMPANO BEACH FL 33064**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number **59-1358730**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
~~TUDZAROV, LOUISE E ATTY.~~ **CHARLES F. OTTO**  
**345 W. OAKLAND PARK BLVD.**  
**FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent  
Name **CHARLES F. OTTO, ATTY**  
Street Address (P.O. Box Number is Not Acceptable)  
**3990 SHERIDAN ST**  
**SUITE 109**  
City **HOLLYWOOD** FL Zip Code **33021**

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 **4-4-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP</b><br><b>ALDERMAN, DONALD</b><br><b>1101 CRYSTAL LAKE DR</b><br><b>POMPANO BEACH FL 33064</b>  | 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 checked="" type="checkbox"/> Delete<br><b>M</b><br><b>SMITH, ROBERT H</b><br><b>3170 N FEDERAL HWY # 100</b><br><b>POMPANO BEACH FL 33064</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>MANAGER</b><br><b>BOB WATSON</b><br><b>POB 880528</b><br><b>BOCA RATON, FL 33488-0328</b>                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete<br><b>D</b><br><b>BRIZZI, ANTHONY</b><br><b>1101 CRYSTAL LAKE DR.</b><br><b>POMPANO BEACH FL 33064</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>SECRETARY</b><br><b>STEFANIE SCHER</b><br><b>1101 CRYSTAL LAKE DR # 409</b><br><b>POMPANO BEACH, FL 33064</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>DP</b><br><b>HALSTEAD, WARREN</b><br><b>1101 CRYSTAL LAKE DR</b><br><b>POMPANO BCH FL 33064</b>                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DIRECTOR</b><br><b>ROBERT TURNER</b><br><b>1101 CRYSTAL LAKE DR # 109</b><br><b>POMPANO BEACH, FL 33064</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>VD</b><br><b>BLOOM, RICHARD</b><br><b>1101 CRYSTAL LAKE DR</b><br><b>POMPANO BCH FL 33064</b>                  | 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"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: **3/29/03** **954-943-5382**

CR2E037 (10/02)