2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90098 003 ****61.25

DOCUMENT # 719724

1. Entity Name

GOLF MANOR CONDOMINIUM "A", INC.

Principal Place of Business	Mailing Address
14901 SW 4TH STREET APT 4 PEMBROKE PINES FL 33027	14901 SW 4TH STREET PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

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 59-1351387 ☐ Applied For ☐ Not Applicable

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
HERRING, JOHN JR 14901 SW 4TH ST. APT 4 PEMBROKE PINES FL 33027	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	P HERRING, JOHN JR 14901 SW 4TH ST. APT 4 PEMBROKE PINES FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALTON, PHILES ~~14901 SW 4 ST #11~~ PEMBROKE PINES FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Olive Mahe ~~14901 SW 4ST A 2~~ Pembroke Pines FL 33027 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS CORREA, RAUL 14901 SW 4 ST A8 PEMBROKE PINES FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS TRIPI GUELSY 14901 SW 4ST A 15 Pembroke Pines FL 33027 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRIAS, MIGUEL 14901 SW 4ST A13 PEMBROKE PINES FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIN, KELVIN 14901 SW 4ST A 16 PEMBROKE PINES FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTON PHILES 14901 SW 4 ST A 11 Pembroke Pines FL 33027 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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~~ John HERRING JR 4-20-2002 954-430-2808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #