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

1. Entity Name GOLF MANOR CONDOMINIUM "A", INC.					05-02-2003 90388 024 ****61.25				
Principal Plac 14901 SW 4TH APT 4 PEMBROKE PIN	STREET	Mailing Address 14901 SW 4TH STREET PEMBROKE PINES FL 33027		L MORINI LODGI (III)	. (1811) 1888 (1816) (1816) (1816)	81815 b:011 81 5 11 818	ii 8:8 1) 1 00)		
2. Principal Place of Business 3		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1351387 Applied For Not Applicab				
Zip	Country	Zip	Country		5. Certificate of Sta	itus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Registere	d Agent		
			Name						
	I, JOHN JR	e =	Street Address			(P.O. Box Number is Not Acceptable)			
14901 SW 4TH ST. APT 4 PEMBROKE PINES FL 33027			-	·				 -	
		•	<u></u>			<u> </u>			
· **	•		City			F	Zip Cod	e l	
SIGNATURE .	Signature, typed or printed name of registered agent a	9. Election Carm Trust Fund Co			when reinstating) \$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable		
10.	OFFICERS AND DIF	PECTORS	11.		DOITIONS/CHANGE	S 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		<u>DDITIONS/CITANGE</u>	3 TO OT FICERS AND	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHE, OLIVE 14901 SW 4ST A-2 PEMBROKE PINES FL 33027	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	_			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TS GUELSY, TRIPI 14901 SW 4ST A 15 PEMBROKE PINES FL 33027	· ··· 🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			2000	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	1490	ROCKY A I SW4ST A SNOKE PINE	697 man 11 5 FL 33027	Change	Addition	
TITLE NAME STREET ADDRESS	D PHILES, WALTON 14901 SW 4 ST A11	Delete	TITLE NAME STREET ADDRESS	DKC	LVIN Mai	RIM	Change	☐ 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.

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ Delete

PINES FL 33027

Change

☐ Addition

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PEMBROKE PINES FL 33027

954-430-2808

FILED May 02, 2003 8:00 am § Secretary of State