

1000 UNIFORM BUSINESS REPORT (UBR)

090700

DOCUMENT # 729112
 1. Entity Name
GOLF MANOR CONDOMINIUM BLDG. "B" INC.

FILED
 00 SEP -8 PM 2:32
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
GOLF MANOR CONDO ASSN. SAME
403 SW 148 AVE. #2
PEMBROKE PINES, FL. 33027-1307

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. #2 Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **N/A** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TERRY CHAVEZ - PEDROSA
403 SW. 148 AVE. #4
PEMBROKE PINES, FL. 33027

7. Name and Address of New Registered Agent
 Name **LILLIAN BARRY**
 Street Address (P.O. Box Number is Not Acceptable)
1201 S. OCEAN DR. # 2012 S
 City **HOLLYWOOD** FL Zip Code **33019**

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 *Lillian M. Barry* DATE **8-15-2000**
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 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TERRY CHAVEZ - PEDROSA 403 SW 148 AVE #4 PEMBROKE PINES, FL. 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / VICE-PRES. LILLIAN BARRY 1201 S. OCEAN DR. 2012 S HOLLYWOOD, FL. 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LEE MORSON 403 SW 148 AVE #3 PEMBROKE PINES, FL. 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DONNA GOLDSTON 403 SW. 148 AVE #6 PEMBROKE PINES, FL. 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIR SHIRLEY PORTORREAL 403 SW 148 AVE #1 PEMBROKE PINES, FL. 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LILLIAN BARRY 1201 S. OCEAN DR 2012 S HOLLYWOOD, FL. 33019 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / VICE-PRES. WILLIAM WORLEY 403 S.W. 148 AVE #7 PEMBROKE PINES, FL. 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID BARRY 1201 S. OCEAN DR. 2012 S HOLLYWOOD, FL. 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR TRACEY GAUNTLETT 403 SW 148 AVE. #2 PEMBROKE PINES, FL. 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHIRLEY PORTORREAL 403 SW 148 AVE #1 PEMBROKE PINES, FL. 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003397682-3 -09/19/00--01030-001 *****61.25 ***** NE 25

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: *Lillian M. Barry* DATE: **8-15-2000** DAYTIME PHONE #: **954-921-6811**

CR2E037 (9/99)