

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -5 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729112

1. Entity Name

GOLF MANOR CONDOMINIUM BUILDING "B", INC.

Principal Place of Business

Mailing Address

GOLF MANOR CONDO ASSOCIATION
403 SW 148 AVE #2
PEMBROKE PINES FL 33027-1307
US

GOLF MANOR CONDO ASSOCIATION
403 SW 148 AVE #2
PEMBROKE PINES FL 33027-1307
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLEY, WILLIAM H
403 SW 148TH AVENUE #7
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name: DAN ROYAL
Street Address (P.O. Box Number is Not Acceptable):
403 SW 148 Ave Apt #7
Pembroke Pines FL 33027

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: *Da Payne*

10-26-02

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	P	<input checked="" type="checkbox"/> Delete
NAME	WORLEY, WILLIAM H	
STREET ADDRESS	403 SW 148TH AVENUE, #7	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	OMP	<input checked="" type="checkbox"/> Delete
NAME	LULEY, RYAN	
STREET ADDRESS	403 SW 148TH AVENUE, #11	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRY, DAVID	
STREET ADDRESS	1201 S. OCEAN DR. 2012 S	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	GORT, MAYDA	
STREET ADDRESS	403 SW 148TH AVENUE, #8	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PORTORREAL, SHIRLEY	
STREET ADDRESS	403 SW 148TH AVE #1	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President - DAN ROYAL	
STREET ADDRESS	403 SW 148TH AVENUE #7 P-	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracey Countess	
STREET ADDRESS	403 SW 148th Ave Apt #2	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lists empowered.

SIGNATURE: *Shirley Portorreal*

7/17/02 927-632-7800

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Office Phone #

CR2507 (4/02)

28 11/13/02