

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90199 005 \*\*\*61.25

**DOCUMENT # 729112**

1. Entity Name  
**GOLF MANOR CONDOMINIUM BUILDING "B", INC.**

Principal Place of Business  
**GOLF MANOR CONDO ASSOCIATION  
403 SW 148 AVE. #2  
PEMBROKE PINES FL 33027-1307  
US**

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

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

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

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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  
**New President  
RETRES, DAN  
403 SW 148TH AVENUE #2  
PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* / President. DATE 3/20/03

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROYAL, DAN 403 SW 148TH AVENUE, #7 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Esteban Reyes 403 S.W. 148 Ave Apt #8 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAVNTLETT, TRACEY 403 SW 148TH AVENUE, #11 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary Gavntlett Tracey 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	D GORT, MAYDA 403 SW 148TH AVENUE, #8 PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President Eden P. Agnew 403 SW 148 AVE 13B Pembroke Pines 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTORREAL, SHIRLEY 403 SW 148TH AVE #1 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (10/02)

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]* / President. DATE 2/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR