

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90060 016 \*\*\*\*61.25

**DOCUMENT # 729538**

1. Entity Name  
**SPYGLASS CONDOMINIUM, INC. I**

Principal Place of Business <del>C/O CASTLE GROUP</del> <del>P.O. BOX 189013</del> <del>PLANTATION FL 33318</del>	Mailing Address <del>C/O CASTLE GROUP</del> <del>P.O. BOX 189013</del> <del>PLANTATION FL 33318</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>C/O Norde Management Corp.</b> Suite, Apt. #, etc. <b>6047 Kimberly Blvd. Ste.N</b>	3. Mailing Address <b>C/O Norde Management Corp.</b> Suite, Apt. #, etc. <b>6047 Kimberly Blvd. Ste.N</b>
City & State <b>North Lauderdale, FL</b>	City & State <b>North Lauderdale, FL</b>

Zip 33068	Country USA	Zip 33068	Country USA
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4. FEI Number <b>59-1562889</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~CASTLE PROPERTY SERVICES GROUP INC~~  
~~4450 W. SUNRISE BLVD.~~  
~~SUITE C 100~~  
~~PLANTATION FL 33313~~

7. Name and Address of New Registered Agent  
 Name **Norde Management Corp.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6047 Kimberly Blvd.**  
 Suite N  
 City **North Lauderdale FL** Zip Code **33068**

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 Christine Fry Christine Fry - Bookkeeper 2/20/02  
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	
TITLE VP	<input type="checkbox"/> Delete
NAME TUDOR, BERNARD	
STREET ADDRESS 9429 NE 65 ST	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE P	<input type="checkbox"/> Delete
NAME HECHT, LARRY	
STREET ADDRESS 6546 NW 98TH TERRACE	
CITY-ST-ZIP TAMARAC FL 33321	
TITLE ST	<input type="checkbox"/> Delete
NAME GAIR, HENRY	
STREET ADDRESS 95644 NW 65TH STREET	
CITY-ST-ZIP TAMARAC FL 33321	
TITLE D	<input type="checkbox"/> Delete
NAME DISCEPOLO, CIRO	
STREET ADDRESS 6562 NW 98TH TERR	
CITY-ST-ZIP TAMARAC FL	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME POLLOCK, EUGENE	
STREET ADDRESS 6551 NW 99TH AVENUE	
CITY-ST-ZIP TAMARAC FL 33321	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SMOLENSKY, SAM	
STREET ADDRESS 9730 NW 65TH STREET	
CITY-ST-ZIP TAMARAC FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAKER, LAURA	
STREET ADDRESS 9524 N.W. 65 ST.	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOWITT, NAN	
STREET ADDRESS 9536 N.W. 65 ST.	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDMAN, KARYN	
STREET ADDRESS 9540 N.W. 65 ST.	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOWLING, RORY	
STREET ADDRESS 9927 N.W. 65 CT.	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAMICK, BRIAN	
STREET ADDRESS 9819 N.W. 66 ST.	
CITY-ST-ZIP TAMARAC, FL 33321	

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: Larry Hecht LARRY HECHT 2/23/02 954-722-3677  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)