


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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90216 037 ****61.25

DOCUMENT # 729538	
1. Entity Name SPYGLASS CONDOMINIUM, INC. I	

Principal Place of Business C/O NORDE MANAGEMENT CORP 6047 KIMBERLY BLVD STE N NORTH LAUDERDALE FL 33068 US	Mailing Address C/O NORDE MANAGEMENT CORP 6047 KIMBERLY BLVD STE N NORTH LAUDERDALE FL 33068 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1562889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CASTLE PROPERTY SERVICES GROUP INC C/O NORDE MANAGEMENT CORP 6047 KIMBERLY BLVD STE N NORTH LAUDERDALE FL 33068	
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7. Name and Address of New Registered Agent Name Ambassador Community Management Street Address (P.O. Box Number is Not Acceptable) 7100 W. Commercial Blvd Suite 107 City Lauderhill FL Zip Code 33319	
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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 <i>[Signature]</i> Teri Jarry Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE 2/6/2003	
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUDOR, BERNARD 9429 NE 65 ST TAMARAC FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECHT, LARRY 6546 NW 98TH TERRACE TAMARAC FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAIR, HENRY 95644 NW 65TH STREET TAMARAC FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISCEPOLO, CIRO 6562 NW 98TH TERR TAMARAC FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, LAURA 9524 N.W. 65 ST TAMARAC FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWITT, NAN 9536 N.W. 65 ST TAMARAC FL 33321 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <i>[Signature]</i> Teri Jarry Pres. 2/6/2003 954-741-8811

CR2E037 (10/02)