

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731433

1. Entity Name

ARAGON CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90062 022 ****61.25

Principal Place of Business	Mailing Address
2531 ARAGON BLVD. SUNRISE FL 33322	2531 ARAGON BLVD. SUNRISE FL 33322-3110

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	Applied For
59-1667318	Not Applicable

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

6. Name and Address of Current Registered Agent
SCHNAITMAN, TRACY S 2531 ARAGON BLVD SUNRISE FL 33322

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.
SIGNATURE <i>Tracy S Schnaitman</i> DATE <i>4/7/00</i>

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	TD KLEIN, A. J 2471 ARAGON BLVD. SUNRISE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINKOFF, JEANETTE 2571 ARAGON BLVD SUNRISE FL 33322 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTER, RUTH 2541 ARAGON BLVD SUNRISE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERTEL, HARRY 2551 ARAGON BLVD SUNRISE FL 33322 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUSNITZ, MARTY 2551 ARAGON BLVD SUNRISE FL 33322 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: <i>Martin K...</i>	DATE: <i>4/7/00</i>	DAYTIME PHONE #: <i>788-96B</i>
-------------------------------	---------------------	---------------------------------

CR2E037 (9/99)