

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-09-2000 90361 010 ****61.25

DOCUMENT # 734529
1. Entity Name
FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS,

Principal Place of Business Mailing Address
% DCI 2901 SIMMS STREET HOLLYWOOD FL 33020

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 59-6603373 Applied For Not Applied For

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MEYROWITZ, ANDREW
% D.C.I.
2901 SIMMS ST.
HOLLYWOOD FL 33020

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 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

Table with 6 rows of officer information including titles (PD, V PD, SD, TD, D), names (ANGELOZZI, CLAIRE, LEFKOWITZ, ARNOLD, PLATT, THOMAS, BASCOVE, STEPHEN, POLLER, NEALE, PYNE, RICARD), and addresses.

Table with 2 rows of additions/changes to officers and directors, including name SPALL, JIM and address HOLLYWOOD, FL 33021.

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] DATE 1/13/2000 DAYTIME PHONE 954-351-9222