

5/2/

FILED  
May 24, 2001 8:00 am  
Secretary of State

05-02-2001 90018 027 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734529

1. Entity Name

FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS,

Principal Place of Business

Mailing Address

% D.C.I.  
2901-SIMMS-STREET  
HOLLYWOOD, FL 33020

% D.C.I.  
2901-SIMMS-STREET  
HOLLYWOOD, FL 33020

- 47125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 University Drive

Suite, Apt. #, etc.  
#405

3. Mailing Address

3300 University Dr.

Suite, Apt. #, etc.  
#405

City & State

Coral Springs FL

Zip  
33065

Country  
USA

City & State

Coral Springs FL

Zip  
33065

Country  
USA

4. FEI Number

59-6603373

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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  
United Community Mgmt Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
3300 University Dr. #405  
City  
Coral Springs FL Zip Code  
33065

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  
UNITED COMMUNITY MGT CORP.

*[Signature]* 5/21/01

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	PD	<input type="checkbox"/> Delete
NAME	ANGELOZZI, CLAIRE	
STREET ADDRESS	3907 PARKSIDE LANE, #233	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEFKOWITZ, ARNOLD	
STREET ADDRESS	3908 PARKSIDE LANE, #229	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BASCOVE, STEPHEN	
STREET ADDRESS	3008 OAKTREE LANE, #295	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPALL, JIM	
STREET ADDRESS	3905 PARKSIDE LANE #232	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

984  
5852767

Date

Daytime Phone #

CR037 (10/00)