

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90119 014 ****61.25

DOCUMENT # 734529

1. Entity Name

FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS, INC.

Principal Place of Business

Mailing Address

**3300 UNIVERSITY DRIVE
 # 405
 CORAL SPRINGS FL 33065**

**3300 UNIVERSITY DRIVE
 # 405
 CORAL SPRINGS FL 33065**

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 Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED COMMUNITY MGMT CORP.
 3300 UNIVERSITY DRIVE
 # 405
 CORAL SPRINGS FL 33065**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGELOZZI, CLAIRE 3907 PARKSIDE LANE., #233 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEFKOWITZ, ARNOLD 3908 PARKSIDE LANE., #229 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASCOVE, STEPHEN 3006 OAKTREE LANE., #295 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALL, JIM 3905 PARKSIDE LANE #232 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Hurwitz 3906 PARKSIDE LANE HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barvinchak, Micky 3902 Pinewood Lane Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEFKOWITZ, Ann 3908 Parkside Lane #229 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wolfson, Marion 3908 Pinewood Lane Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Salzburg, Donna 3908 Pinewood Lane Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levine, Robert 3025 Oaktree Lane Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" 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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)