

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738883

1. Entity Name

VILLAS AT WOODMONT CONDOMINIUM - 73, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90010 001 ****61.25

Principal Place of Business	Mailing Address
7401 PALM TERRACE P.O. BOX 25333 TAMARAC FL 33320 US	7401 PALM TERRACE P.O. BOX 25333 TAMARAC FL 33320-5333 US



DO NOT WRITE IN THIS SPACE

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
59-1861871	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISNER, JULIAN
 7401 PALM TERRACE
 TAMARAC FL 33321

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 Arlene G Downey Secretary/Treasurer 4/17/2000
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	EISNER, JULIAN	
STREET ADDRESS	7401 PALM TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEIN, SYDNEY	
STREET ADDRESS	7331 PALM TERR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DOWNEY, ARLENE	
STREET ADDRESS	8002 PALM TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARKINS, JAMES	
STREET ADDRESS	8172 ROYAL PALM CT	
CITY-ST-ZIP	TAMARAC FL 33321	
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: Arlene G Downey Secretary/Treasurer 4/17/2000 (954) 351-6105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)