

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90037 038 \*\*\*\*61.25

**DOCUMENT # 738883**

1. Entity Name

**VILLAS AT WOODMONT CONDOMINIUM - 73, INC.**

Principal Place of Business

7401 PALM TERRACE  
 P.O. BOX 25333  
 TAMARAC FL 33320  
 US

Mailing Address

10191 W SAMPLE RD  
 STE 203  
 CORAL SPRINGS FL 33065  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1861871**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALDORAZZO, JAMES**  
**10191 W SAMPLE RD**  
**STE 203**  
**CORAL SPRINGS FL 33065**

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**

10. OFFICERS AND DIRECTORS

TITLE: PD  
 NAME: EISNER, JULIAN  
 STREET ADDRESS: 7401 PALM TERRACE  
 CITY-ST-ZIP: TAMARAC FL 33321  
 Delete

TITLE: PD  
 NAME: STEIN, SYDNEY  
 STREET ADDRESS: 7331 PALM TERR  
 CITY-ST-ZIP: TAMARAC FL  
 Delete

TITLE: STD  
 NAME: DOWNEY, ARLENE  
 STREET ADDRESS: 8002 PALM TERRACE  
 CITY-ST-ZIP: TAMARAC FL 33321  
 Delete

TITLE: VPD  
 NAME: HARKINS, JAMES  
 STREET ADDRESS: 8172 ROYAL PALM CT  
 CITY-ST-ZIP: TAMARAC FL 33321  
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 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

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 STREET ADDRESS:   
 CITY-ST-ZIP:   
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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: *Arlene G Downey* ARLENE G DOWNEY

2/24/02 (954) 721-2477

CFR2037 (9/01)