2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90259 049 ****61.25

DOCUMENT # 740587

1. Entity Name

HOLLY COURT AT WOODMONT, A CONDOMINIUM ASSOCIATI

Principal Place of Business	Mailing Address
OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC FL 33321	OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC FL 33321

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 59-1891340 ☐ 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
FEINBERG, LAWRENCE 8770 HOLLY CT #6-201 TAMARAC FL 33321	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	P ~~GROSS, SHELDON~~ ~~8799 HOLLY COURT~~ ~~TAMARAC FL~~	☒ Delete	D ANGELO ZANCA 8751 HOLLY COURT TAMARAC FL. 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FEINBERG, LAWRENCE 8770 HOLLY COURT TAMARAC, FL ~~00000~~ 33321	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVINE, MERVYN 8751 HOLLY COURT TAMARAC, FL ~~00000~~ 33321	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT LEVINE, ROSALYN 8799 HOLLY COURT TAMARAC FL 32321	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ROBBINS, SAMUEL~~ ~~8770 HOLLY COURT~~ ~~TAMARAC, FL 00000~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MYRA COHEN 8751 HOLLY COURT TAMARAC FL. 33321	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Lawrence Feinberg SIGNATURE REQUIRED LAWRENCE FEINBERG 1/10/01 954-726-2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #