2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPER O

FILED DOCUMENT # N07603 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name FIRESIDE TOWNHOMES CONDOMINIUM ASSOCIATION, INC. 04-24-2000 90065 032 ****61.25 Principal Place of Business Mailing Address 808 SE 12TH COURT. #3 808 SE 12TH COURT, #3 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-2057 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2636189 Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SADER, ROBERT L., ESQ. % SADER & ALBERTINE, P.A. 2400 E. COMMERCIAL BLVD., SUITE 318 Zip Code City FT. LAUDERDALE FL 33308 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Channe Addition TITLE TD ☐ Delete NAME NAME ARSCOTT, CHERYL STREET ADDRESS 808 SE 12TH CT #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE SD TITLE NAME BERZON, BETH STREET ADDRESS 808 SE 12TH COURT, #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change Addition Delete TITLE **ERSKINE, DOUG** NAME STREET ADDRESS STREET ADDRESS 808 S.E. 12TH CT., #5 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ADERDALE, PL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Date