## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 27, 2002 8:00 am § Secretary of State **DOCUMENT # N12498** 1. Entity Name 02-27-2002 90084 025 \*\*\*\*61.25 FREEDOM SQUARE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2531 ARAGON BLVD. POST OFFICE BOX 9454 SUNRISE FL 33322 CORAL SPRINGS FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2621228 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHNAITMAN, TRACEY S 2531 ARAGON BLVD. SUNRISE FL 33322 City Zip Code FL 8. The above named e tity submits is statem of changing its gistered office or registered agent, or both, in the state of Florida. SIGNATURE red Agent signature required when reinstating) DATE 1. 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD. TITLE TITLE ☐ Delete Change ■ Addition NAME antar, bill NAME STREET ADDRESS 501 FREEDOM COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE ☐ Delete TITLE Change ☐ Addition NAME BARKER, GEORGE NAME STREET ADDRESS 505 FREEDOM CT-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITHE ☐ Delete TITLE Change ☐ Addition NAME SARNER, STANLEY M NAME STREET ADDRESS 104 FREEDOM CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME FORMAN, MEL NAME STREET ADDRESS 201 FREEDOM CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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

**FILED**