

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90009 001 \*2,695.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N17530**  
 1. Entity Name  
**ANDROS VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US		Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1485 US	
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 **59-2656712** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>RAVO, PAT T. 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ (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	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>GREENFIELD, SANDY</b>			NAME	<i>Howard Lustgarten</i>		
STREET ADDRESS	<b>1702 ANDROS ISLE APT K2</b>			STREET ADDRESS	<i>1702 Andros Isle, Apt A-4</i>		
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>			CITY-ST-ZIP	<i>Coconut Creek, FL 33066</i>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERNSTEIN, RUBEN</b>			NAME			
STREET ADDRESS	<b>1701 H - 3 ANDROS ISLE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT FL</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FRIEDMAN, DAVID</b>			NAME			
STREET ADDRESS	<b>1704 A3 ANDROS ISLE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERMAN, LOU</b>			NAME			
STREET ADDRESS	<b>1703 ANDROS ISLE APT F3</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MEYERSON, HELENA</b>			NAME			
STREET ADDRESS	<b>1705 F-4 ANDROS ISLE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** *Ruben Bernstein* **SIGNATURE REQUIRED** *Ruben Bernstein* **2/25/2000** *(954) 978-2600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)