2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 24, 2003 8:00 am DOCUMENT # N17530 **Secretary of State** 03-24-2003 91005 001 *2.695.00 ANDROS VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1310 AVENUE OF THE STARS 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2656712 Applied For Not Applicable Zip Country 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 RAVO, PAT T. Street Address (P.O. Box Number is Not Acceptable) 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **VPD** TITLE VPD Delete TITLE Change | ☐ Addition DANCYBIER, SAM ED BERKOW NAME NAME 1702 ANDROS TELE APOT CT STREET ADDRESS 1702 ANDROS ISLE APT A4 STREET ADDRESS COCONUT CREEK-FL. 3306L CITY-ST-ZIP COCONUT CREEK FL 33066 CITY-ST-ZIP TITLE M Delete TITLE HAROLD BULGACH NAME BERNSTEIN, RUBEN NAME 1701 ANDROS ISLE APT B-1 STREET ADDRESS 1701 H - 3 ANDROS ISLE STREET ADDRESS CITY-ST-ZIP DCANUT CREEK-FL 330LL COCONUT FL CITY-ST-ZIP TITLE. ☐ Delete TITLE Change ☐ Addition NAME FRIEDMAN, DAVID NAME STREET ADDRESS 1704 A3 ANDROS ISLE STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Berman, Lou NAME STREET ADDRESS 1703 ANDROS ISLE APT F3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33066 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME MEYERSON, HELENA STREET ADDRESS 1705 F-4 ANDROS ISLE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 eath; 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 in changed, or on an attachment with an address, with all whe like er

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DAVID FRIEDMANC 954-922-2600

FILED