## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24061

1. Entity Name

CORPORATE PARK AT EMERALD LAKE ASSOCIATION, INC.

## FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 91164 029 \*\*\*\*61.25

001010

| DO | NOT | WRITE | IN | <b>THIS</b> | SPACE |
|----|-----|-------|----|-------------|-------|
|----|-----|-------|----|-------------|-------|

| I Time ball ledo of element   |   |                       | 3. Mailing Address<br>3111 Stirling Road                |          |   |                                       |  |                  |            |            |                               |  |
|-------------------------------|---|-----------------------|---|----------|---|---------------------------------------|--|------------------|------------|------------|-------------------------------|--|
| 3111 Stirling Road            |   |                       |   | KUC      | iu  |                                       | DO NOT WRITE IN THIS SPACE                       |                  |            |            |                               |  |
| Suite, Apt.                   | #, elc.   | Suite,                | Apt. #, etc.  |          |   |                                       |  | DO 1401 WINI     | _ 114 1111 |            |                               |  |
| City & State                  |   | City &                | State   |          |   | 4. FEI N                              |  | 10               |            |            | Applied For                   |  |
| Fort Lauderdale, FL 33312   F |   |                       | Fort Lauderdale, FL                                     |          |   | 2 65-                                 | 02659  |                  |            |            | Not Applicable .75 Additional |  |
| Zip                           | Country   | Zip                   |   | Cou      | ntry  | 5. Certifi                            | icate of Sta                                     | atus Desired     |            |            | Required                      |  |
|                               |   | 1                     |   |          |   | 7. Name a                             | nd Addre   | ss of Current    | Register   | ed Ag      | jent                          |  |
|                               | بريسين فالمرجم ووسيعون السود                            |                       |   |          | Nam Gary  | -ArPoli                               | akoff  | ·                |            |            |                               |  |
|                               | DO NOT W  | RITE                  |   |          |   | s (P.O. Box Number is Not Acceptable) |  |                  |            |            |                               |  |
|                               | 2111 \$   |                       |   | Stiplin  | Stinling Poad   |                                       |  |                  |            |            |                               |  |
|                               | IN THIS SP  |                       | -   |          | 3111 Stirling Road  City Fort Lauderdale FL Zip Code 333312 |                                       |  |                  |            |            |                               |  |
|                               |   |                       |   |          | Fort  | Laudero                               |  |                  |            | L          | 33312                         |  |
| 8. The above                  | named entity submits this statement for                 | the purpose           | of changing its reg                                     | gistere  | ed office or regis  | stered agent, o                       | or both, in                                      | the state of Flo | orida.     |            |                               |  |
|                               |   | _                     |   |          |   |                                       |  | 14-              | 29-        | ر د ر      | _                             |  |
| SIGNATURE .                   | ×   | $\overline{}$         |   |          |   |                                       |  | 7                | DAT        |            | <del></del>                   |  |
|                               | Statistics, typed or printed name of registered agent a | and title if applicat | No. (NOTE: Ro   | egistere | d Agent signature requ                                      | juired when reinstati                 | ng)<br>  |                  | UAT        |            |                               |  |
|                               |   |                       | O Flance Carre  |          | inancing  | <b>ቀ</b> ሮ ላለ -                       |  | Ma               | ke Che     | ick P      | ayable to                     |  |
| FEE IS \$61.25                |   |                       | 9. Election Campaign Financing Trust Fund Contribution. |          |   |                                       | \$5.00 May Be Added to Fees  Department of State |                  |            |            |                               |  |
|                               | Initial or Amended UBR                                  | İ                     |   | _        |   |                                       |  |                  |            |            |                               |  |
| 10.                           | OFFICERS AND DIF  | RECTORS               |   |          |   |                                       |  |                  |            |            |                               |  |
| TITLE                         | PTD   |                       |   | TITLE    |   |                                       |  |                  |            |            |                               |  |
| NAME                          | POLIAKOFF, GARY A.                                      |                       |   | NAM      | E<br>ET ADDRESS   |                                       |  |                  |            |            |                               |  |
| STREET ADDRESS CITY-ST-ZIP    | 3111 STIRLING ROAD                                      | 22212                 |   |          | -ST-ZIP   |                                       |  |                  |            |            |                               |  |
|                               | FT. LAUDERDALE, FL                                      | <u>33312</u>          |   | TITLE    | <u> </u>  |                                       |  |                  |            |            |                               |  |
| TITLE<br>NAME                 | PAUL, STANFORD A.                                       |                       |   | NAM      | E   |                                       |  |                  |            |            |                               |  |
| STREET ADDRESS                | 3111 STIRLING ROAD                                      |                       |   | STRE     | ET ADDRESS  |                                       |  |                  |            |            |                               |  |
| CITY-ST-ZIP                   | FT. LAUDERDALE, FL                                      | 33312                 |   | CITY     | -ST-ZIP   |                                       | ,  |                  |            |            |                               |  |
| TITLE                         | D   | 00012                 | <del>-</del> .  | TITL:    | ^ -   | 4                                     |  | ·                | · . •      |            |                               |  |
| NAME                          | HOLLANDER, WALTER                                       |                       |   | NAM      | EET ADDRESS   |                                       |  |                  |            | —          |                               |  |
| STREET ADDRESS                | 3109 STIRLING ROAD.                                     | #200<br>33312         |   |          | -ST-ZIP   |                                       | DO   | NOT              | WF         | (IT        | E                             |  |
| CITY - ST - ZIP               | FT. LAUDERDALE, FL                                      | 333TZ                 |   | TITL     |   | <u></u>                               | 151 -  | TUUC             | CD4        |            |                               |  |
| TITLE                         | ID<br>IBECKER, ALAN S.                                  |                       |   | NAM      |   |                                       | IN   | THIS             | 3P/        | <b>1</b> ( |                               |  |
| NAME<br>STREET ADDRESS        | 3111 STIRLING ROAD                                      |                       |   |          | EET ADDRESS   |                                       |  |                  |            |            |                               |  |
| CITY-ST-ZIP                   | FT. LAUDERDALE, FL                                      | 33312                 |   | CITY     | -ST-ZIP   |                                       |  |                  |            |            |                               |  |
| TITLE                         | D   |                       |   | TITL     | E   |                                       |  |                  |            |            |                               |  |
| NAME                          | BERMAN, STEVEN  |                       |   | NAM      | 1   |                                       |  |                  |            |            |                               |  |
| STREET ADDRESS                | 3107 STIRLING ROAD,                                     | #204                  |   | _        | EET ADORESS   |                                       |  |                  |            |            |                               |  |
| CITY-ST-ZIP                   | FT. LAUDERDALE, FL.                                     | 33312                 |   | CITY     | '-ST-ZIP  |                                       | -  |                  |            | •          |                               |  |
| TITLE                         | D   |                       |   | TITL     |   |                                       |  |                  |            |            |                               |  |
| NAME                          | BATIEVSKY, ABRAHAM                                      | <b>"004</b>           |   | NAN      | ļ   |                                       |  |                  |            |            |                               |  |
| STREET ADDRESS                |   |                       |   |          | EET ADDRESS   |                                       |  |                  |            |            |                               |  |
| CITY-ST-ZIP                   | FT. LAUDERDALE, FL.                                     | 33312                 |   | CIL      | r-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GARY A. POLIAKOFF, PRESIDENT

4-29-02