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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aug 07, 2001 8:00 am Secretary of State DOCUMENT # N9500004622 THE ENCLAVE AT WOODFIELD COUNTRY CLUB, INC. 08-07-2001 90007 016 ****70.00 Principal Place of Business Mailing Address 3600 - GLUB - PLAE 9600 CLUB PLAF **LUU/4033** BOCA RATON FL 33496 BOCA RATON FL 30498 Managemen COMMERCIAL TR 21045 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0641822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired) SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent K, Tsaacson D. Box Number is Not A -CSAPO; JOHN C. 3600 CLUB PLACE > BOCA RATON FL 33496 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 Signature, typed or agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD · (5/01)TITLE Delete TITLE ☐ Change **Addition** Leving Howard JULIEN, ROBERT NAME NAME Boea Raton FL 33 **CR2E037** STREET ADDRESS 3600 CLUB PLACE STREET ADDRESS 33496 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** VTD ¢ TITLE Delete ☐ Change Addition Addition TITLE CSAPO, JOHN C NAME NAME Robin STREET ADDRESS 3600 CLUB PLACE STREET ADDRESS E CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP SVD Change TITLE Delete TITLE Addition CLARKE, MICHAEL NAME STREET ADDRESS 3600 CLUB PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 800 Rat CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition stuart Fendler NAME 6454 NW 38 H Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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