

2000 UNIFORM BUSINESS REPORT (UBR)

3/20

FILED

May 15, 2000 8:00 am
Secretary of State

03-20-2000 90050 041 ****61.25

DOCUMENT # N97000000212

1. Entity Name

SPRING TREE GARDENS TOWNHOUSE HOMEOWNER'S ASSOCI

Principal Place of Business

Mailing Address

8415 NW 40TH CT
SUNRISE FL 33351

8415 NW 40TH CT
SUNRISE FL 33351-6182

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

65-0807208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIOTRKOWSKI, JOSEL S
317-71ST STREET
MIAMI BEACH FL 33141

Name

Lenny Greenstein

Street Address (P.O. Box Number is Not Acceptable)

4051 NW 84 Ter

Sunrise, FL 33351

City

Sunrise

FL

Zip Code

33351

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]
Signature, typed or printed name of registered agent and title if applicable.

Lenny Greenstein
(NOTE: Registered Agent signature required when reinstating)

3/11/00
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

TITLE **VD**
NAME **WISEBERG, MORTY**
STREET ADDRESS **317 71ST STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

☒ Delete

TITLE **STD**
NAME **TRIPODI, DOMINIC**
STREET ADDRESS **1302 S.E. 2ND AVENUE**
CITY-ST-ZIP **DANIA FL 33004**

☒ Delete

TITLE **D**
NAME **REITER, ISAAC**
STREET ADDRESS **1302 S.E. 2ND AVENUE**
CITY-ST-ZIP **DANIA FL 33004**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President**
NAME **Lenny Greenstein**
STREET ADDRESS **4051 NW 84 Ter**
CITY-ST-ZIP **Sunrise, FL 33351**

☐ Change ☒ Addition

TITLE **Treasurer**
NAME **Alexandra Sebastiani**
STREET ADDRESS **4041 NW 84 Ter**
CITY-ST-ZIP **Sunrise, FL 33351**

☐ Change ☒ Addition

TITLE **Director**
NAME **Rivka W. Melch**
STREET ADDRESS **8411 NW 40 Ct**
CITY-ST-ZIP **Sunrise, FL 33351**

☐ Change ☒ Addition

TITLE **Director**
NAME **Jindra Land**
STREET ADDRESS **8427 NW 40 Ct**
CITY-ST-ZIP **Sunrise, FL 33351**

☐ Change ☒ Addition

TITLE **Secretary**
NAME **Velda Young**
STREET ADDRESS **4081 NW 84 Ter**
CITY-ST-ZIP **Sunrise, FL 33351**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00
Date

(954) 749 6450
Daytime Phone #

CR2E037 (9/99)