

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000212

1. Entity Name

SPRING TREE GARDENS TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

8415 NW 40TH CT
SUNRISE FL 33351

Mailing Address

8415 NW 40TH CT
SUNRISE FL 33351

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

GREENSTEIN, LENNY
4051 NW 89 TERRACE
SUNRISE FL 33151

7. Name and Address of New Registered Agent

Name

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. 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

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREENSTEIN, LENNY 4051 NW 84 TERRACE SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEBASTIAN, ALEXANDRA 4041 NW 84 TERRACE SUNRISE FL 33351	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IFSAN, HAVA 8425 NW 40 COURT SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, GARY 8404 NW 40 COURT SUNRISE FL 33351	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-10-2002 90184 030 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)