

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006957**

1. Entity Name

SAN MARINO VILLAGE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90106 011 ****61.25

Principal Place of Business

Mailing Address

**1201 JOHNSON STREET
HOLLYWOOD FL 33019****C/O DNS
4800 S. DAVIE RD., SUITE #103
DAVIE FL 33314**

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 **65-0828731**

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 | PD | <input type="checkbox"/> Delete |
| NAME | RUBENSTEIN, GLENN | |
| STREET ADDRESS | 911 N 12 TERR | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | DV1 | <input type="checkbox"/> Delete |
| NAME | HARAC, MICHAEL | |
| STREET ADDRESS | 1263 GRANT COURT | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RIETEMA, DANIEL | |
| STREET ADDRESS | 1243 GRANT COURT | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MORRISON, FRANKLIN | |
| STREET ADDRESS | 1280 JOHNSON COURT | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PERLMAN, ROBYN F | |
| STREET ADDRESS | 1271 HAYES STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED**2/5/02**

CR2E037 (9/01)