

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90312 048 \*\*\*\*61.25

0037078

**DOCUMENT # 740578**

1. Entity Name

**ARBOR GREEN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2855 UNIVERSITY DRIVE  
 STE 410  
 CORAL SPRINGS FL 33065  
 US

P. O. BOX 8828  
 CORAL SPRINGS FL 33075  
 US

2. Principal Place of Business

**3111 UNIVERSITY DR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**STE. 720**

City & State

**CORAL SPRINGS FL**

City & State

Zip  
**33065**

Country  
**US**

Zip

Country

4. FEI Number

**59-1902734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A JD  
 BECKER & POLIAKOFF, P.A.  
 3111 STIRLING ROAD  
 FORT LAUDERDALE FL 33312**

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 \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	D KOSHIK, PETER 1600 W. SANDPIPER CR. PEMBROKE LAKES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SHELIA 1621 E. SANDPIPER CR. PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, JOAN 1601 E. SANDPIPER CIRCLE PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKMAN, BERNARD G. 1510 FLAMINGO CT. PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, ROGER 1441 E. SANDPIPER CR. PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Barbella 1541 E. Sandpiper Circle Pembroke Lakes, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Fowler 1410 W. Sandpiper Circle Pembroke Lakes, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Kagan 1601 W. Sandpiper Circle Pembroke Lakes, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nick Ismailoff 1560 E. Sandpiper Circle Pembroke Lakes, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Malloy 1520 W. Sandpiper Circle Pembroke Lakes, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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

**Sherry Kagan**

Date

Daytime Phone #

**3/3/01**

CR2E037 (10/00)