

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90114 022 ****70.00

DOCUMENT # 748852

1. Entity Name

STRATHMORE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 3348621045 COMMERCIAL TRAIL
BOCA RATON FL 33486

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

59-2020998

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

WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486-1006

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 ☐ Delete
NAME GOODGION, DON
STREET ADDRESS 3069 N.W. 26TH CT.
CITY-ST-ZIP BOCA RATON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME O'CONNOR, DAVID
STREET ADDRESS 3098 NW 25TH TERR
CITY-ST-ZIP BOCA RATON FLTITLE S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☒ Delete
NAME LEVINE, DANIEL R
STREET ADDRESS 2515 NW 31 ST
CITY-ST-ZIP BOCA RATON FL 33434TITLE D ☐ Change ☒ Addition
NAME MONTES, CEDRICK
STREET ADDRESS 2848 N.W. 30 STREET
CITY-ST-ZIP BOCA RATON 33434TITLE TD ☐ Delete
NAME BENDER, JERRY
STREET ADDRESS 3093 NW 28-TERR
CITY-ST-ZIP BOCA RATON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD ☐ Delete
NAME LENHARDT, MICHAEL
STREET ADDRESS 3049 NW 28 TER
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Don Goodgion President *2/30/02*

CR2E037 (9/01)