

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740578

1. Entity Name

ARBOR GREEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3111 UNIVERSITY DRIVE  
STE 720  
CORAL SPRINGS FL 33065  
US

Mailing Address

P. O. BOX 8828  
CORAL SPRINGS FL 33075  
US

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

59-1902734

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 D ☐ Delete  
NAME BARBELLA, JOSEPH  
STREET ADDRESS 1541 E SANDPIPER CIRCLE  
CITY-ST-ZIP PEMBROKE LAKES FL 33026

TITLE D ☐ Delete  
NAME FOWLER, DIANE  
STREET ADDRESS 1410 W SANDPIPER CIRCLE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ Delete  
NAME KAGAN, SHERRY  
STREET ADDRESS 1601 E. SANDPIPER CIRCLE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ Delete  
NAME ISMAILOFF, NICK  
STREET ADDRESS 1560 E SANDPIPER CIRCLE  
CITY-ST-ZIP PEMBROKE LAKES FL 33026

TITLE D ☐ Delete  
NAME MALLOY, MARILYN  
STREET ADDRESS 1520 W SANDPIPER CIRCLE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ 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: *Sherry Kagan* SIGNATURE: *SHERRY KAGAN*

3/7/02

FILED  
Mar 22, 2002 8:00 am  
Secretary of State

03-22-2002 90041 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)