

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90011 048 \*\*\*\*61.25

**DOCUMENT # 750340**

1. Entity Name

**SABAL PALM CONDOMINIUMS OF PINE ISLAND RIDGE ASSOCIATION, INC.**

Principal Place of Business

**1901 PINE RIDGE DRIVE  
 FT. LAUDERDALE FL 33324**

Mailing Address

**1901 PINE RIDGE DRIVE  
 FT. LAUDERDALE FL 33324**

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 **59-1992773**

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

**RICHARD H. NEWELL  
 1901 PINE RIDGE DRIVE  
 FT LAUDERDALE FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **SILVERGOLD, MARVIN**  
 STREET ADDRESS **1831 SABAL PALM DRIVE #401**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **2nd.VP** ☒ Change ☐ Addition  
 NAME **SILVERGOLD, MARVIN**  
 STREET ADDRESS **1831 SABAL PALM DRIVE #401**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL. 33324**

TITLE **DP** ☐ Delete  
 NAME **NEWELL, RICHARD**  
 STREET ADDRESS **1911 SABAL PALM DR #401**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VP** ☐ Change ☐ Addition  
 NAME **NEWELL, RICHARD**  
 STREET ADDRESS **1911 SABAL PALM DR #401**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **T** ☐ Delete  
 NAME **RUDER, SAMUEL**  
 STREET ADDRESS **1920 SABAL PALM DR #204**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **T** ☐ Change ☐ Addition  
 NAME **RUDER, SAMUEL**  
 STREET ADDRESS **1920 SABAL PALM DR #204**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☒ Delete  
 NAME **EVENTOFF, ALEX**  
 STREET ADDRESS **1931 SABAL PALM DR #403**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D Secy.** ☒ Change ☐ Addition  
 NAME **ROSENBAUM, IRWIN**  
 STREET ADDRESS **1831 SABAL PALM DRIVE #404**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL. 33324**

TITLE **VP** ☐ Delete  
 NAME **GREENSPAN, EMANUEL**  
 STREET ADDRESS **1931 SABAL PALM DR., #106**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VP** ☐ Change ☐ Addition  
 NAME **GREENSPAN, EMANUEL**  
 STREET ADDRESS **1931 SABAL PALM DR., #106**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Delete  
 NAME **FARQUHAR, JOHN**  
 STREET ADDRESS **400 W. TROPICAL WAY**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BITKOWER, LAWRENCE**  
 STREET ADDRESS **1911 SABAL PALM DRIVE #306**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL. 33324**

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:

*Richard H. Newell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-02 954-475-8844**  
 Date Daytime Phone #

CR2E037 (9/01)