

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90163 045 ****61.25

DOCUMENT # 750823

1. Entity Name

TOWNHOUSES AT REDBRIDGE ASSOCIATION, INC.



Principal Place of Business

**7830 NW 41ST COURT
SUNRISE FL 33351
US**

Mailing Address

**7830 NW 41ST COURT
SUNRISE FL 33351
US**

2. Principal Place of Business

3. Mailing Address

**10235
C/O Robinson W Sample Rd
Ste 107**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL

Zip

Country

Zip

Country

33065 USA

4. FEI Number **59-2039822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDMAN, JUDA & MARTIN, P.A.
8211 WEST BROWARD BLVD.
SUITE PH 1- 5TH FLOOR
PLANTATION FL 33324-2745**

7. Name and Address of New Registered Agent

Name

William T Robinson CPA

Street Address (P.O. Box Number is Not Acceptable)

10235 W Sample Rd

Ste 107

City

Coral Springs

FL

Zip Code

33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William T Robinson

William T Robinson

2/19/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEJANOVSKI, ARLENE 4126 N.W. 79TH AVENUE SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELDON, ERIC 4117 NW 78TH AVE SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHUHLE, DEBRA 7930 NW 41 CT SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

CR2E037 (10/02)

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: *Arleche Janovski* **ARLECHE JANOVSKI, President** **3/3/03** **954 801-1691**