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

FILED Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90183 047 ****70.00

1. Entity Na	JMENT # 1798000005031 n broke Falls Phase Four. cowners Association, Inc. DO NOT WRITE IN THIS SE		03-10-2003 9	90183 047 ****70.00
2. Principal Place of Business 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.				IN THIS SPACE
Glyd	Ste 000 Blvd Ste 000			
City & Sta	Total State		4. FEI Number	Applied For Not Applicable
Zip	Country Zip	Country	⇒5.: Certificate of Status Desired = ≥<	\$8.75 Additional
20X	DU LUSA 193750 I	<u> </u>	7. Name and Address of Current Re	Fee Required
DO NOT WRITE IN THIS SPACE Name Andrew C. Glen Street Address (P.D. Box Number is Not Acceptable) Suffe 200 The Control of				
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				
FEE IS \$61.25 9. Election Campaign Financing Initial or Amended UBR Trust Fund Contribution.			\$5.00 a compo Make Check Payable to Florida Department of State	
TITLE	OFFICERS AND DIRECTORS PRES	7/715		
NAME .	BRAUTMAN, MICHAEL	TITLE NAME	,	
STREET-ADDRESS	301 W CAMINO GARDENS BLVD #20	O STREET ADDRESS		1
TITLE	Boca Raton, Fl 33432	TITLE)	
NAME	BLOOM, JERRY	NAME		.
STREET ADDRESS. CITY-ST-ZIP	301 W_CAMINO GRDNS BLVD #200 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	the state of the s	on the same with the same of t
TITLE	DIR	MTLE		
NAME	HASKIN, GREG	NAME	4	
STREET ADDRESS CITY-ST-ZIP	301 W CAMINO GRDNS BLVD #200 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	DO NOT W	/RITE
TITLE	DIR	TITLE		
NAME CIRCL ADDRESS	ALLBRITTEN, SANDIE	NAME	IN THIS SI	AUE
STREET ADDRESS. CITY-ST-ZIP	301 W CAMINO GRDNS BLVD #200 BOCA RATON, FL ww33432	STREET ADDRESS CITY-ST-ZIP		
TITLE		TITLE		
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NAME		NAME		·
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12. I hereby c	pertify that the information supplied with this filling does not qualify for the	e everantion stated in Soct	ion 119 07/3Vi). Florido Statutos 15-4	har partify that the information
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 on an				