

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90119 005 ****61.25

DOCUMENT # 728621

1. Entity Name

CLASSIC TOWNE HOUSES CONDOMINIUM WEST, INC.

Principal Place of Business

Mailing Address

**4946 SHERIDAN STREET
 HOLLYWOOD FL 33021**

**C/O UNITED COMM MGT CORP
 3300 UNIV DRIVE #405
 CORAL SPRINGS FL 33065
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1577710

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**UNITED COMMUNITY MGT CORP
 3300 UNIV DRIVE #405
 CORAL SPRINGS FL 33065**

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 **VD** ☐ Delete
 NAME **CHARITON, ELLEN**
 STREET ADDRESS **4956 SHERIDAN ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **PORTNOY, MARIA**
 STREET ADDRESS **5112 SHERIDAN ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **GOLDBERG, EDWIN**
 STREET ADDRESS **4920 SHERIDAN ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
 NAME **Blum, Sarah**
 STREET ADDRESS **4926 Sheridan St.**
 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **Lyons, Kim**
 STREET ADDRESS **4888 Sheridan St.**
 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **Aronowitz, Bruce**
 STREET ADDRESS **5000 Sheridan St.**
 CITY-ST-ZIP **Hollywood, FL 33021**

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: Sarah Blum REQUIRED

CR2E037 (9/01)