## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # **734852** 1. Entity Name 05-20-2002 90110 009 \*\*\*\*61.25 GOLF RIDGE VILLAS CONDOMINIUM UNIT D. INC. Principal Place of Business Mailing Address 20400 NORTHWEST 7TH AVENUE 20400 NORTHWEST 7TH AVENUE MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1700356 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent reet Address (P.O. Box Number is Not Acceptable FERMAN, RAYMOND B 30400 N.W. 7TH AVE ~'204 Zip Code SiIAMI FL 33169 3*3/69-2425* 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 Dufresne 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01)TITLE □ Delete DITLE Change ☐ Addition NAME PERLMAN, RAYMOND B NAME STREET ADDRESS 20400 NW 7TH AVENUE # 204 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169-2425 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROBBINS, MARY LOU NAME NAME STREET ADDRESS 2420 SW 81ST AVENUE # 401 STREET ADDRESS CITY-ST-Z(P-DAVIE FL 33324-5749 CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition BETHUNE, HAROLD NAME NAME STREET ADDRESS 20400 NW 7TH AVENUE # 205 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169-2425 CITY-ST-ZIP ☐ Delete ☐ Addition NAME DUFRESNE, RAMCES G NAME 20400 NW 7TH AVENUE # 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169-2425 ☐ Delete TITLE ☐ Change NAME NAME enneth Lattimore STREET ADDRESS STREET ADDRESS 20400 N.W. 74AVE., #101 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33169-2424 TITI F ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information sopplied 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 of paterial report is 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 all other like empowered

SIGNATURE: