

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90641 026 ****61.25

DOCUMENT # 734852

1. Entity Name
GOLF RIDGE VILLAS CONDOMINIUM UNIT D, INC.



Principal Place of Business
**20400 NORTHWEST 7TH AVENUE
MIAMI FL 33169**

Mailing Address
**20400 NORTHWEST 7TH AVENUE
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1700356**

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

**DUFRESNE, RAMCES G
20400 N.W. SEVENTH AVENUE
SUITE 201
MIAMI FL 33169**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, RAYMOND B 20400 NW 7TH AVENUE # 204 MIAMI FL 33169-2425	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Radica S. Martin 20400 N.W. 7th Ave, # 207 Miami, FL 33169-2425	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBBINS, MARY LOU 2420 SW 81ST AVENUE # 401 DAVIE FL 33324-5749	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFRESNE, RAMCES G 20400 NW 7TH AVENUE # 201 MIAMI FL 33169-2425	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATTIMORE, KENNETH 20400 N.W. SEVENTH AVENUE-SUITE 101 MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LATTIMORE, Kenneth 33169-2424	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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: **MARY LOU ROBBINS** **2/22/03** **954-424-8255**

CR2E037 (10/02)