FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am § Secretary of State **DOCUMENT # 737793** 1. Entity Name SPRINGBROOK GARDENS, INC., A CONDOMINIUM 04-02-2002 90891 021 ****61.25 Principal Place of Business Mailing Address 125 N BRICH RD C/O MARK LAMBERT FT LAUDERDALE FL 33304 125 N BIRCH RD #108 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE N City & State 4. FEI Number Applied For 59-1809263 Not Applicable Zip Country Zip 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 LEWANDOWSICI, CAROL Street Address (P.O. Box Number is Not Acceptable) LAMBERT, MARK 125 N BIRCH RD 125 N. BIRCH RD 4404 #108 FT. LAUDERDALE FL 33304 LAMBONAL 3 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 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 11. PD 3 TITLE ☐ Delete TITLE ☐ Addition JONES, GEORGE NAME STREET ADDRESS 125 N. BIRCH ROAD #203 STREET ADDRESS CITY-ST-ZIP FT. L'AUDERDALE FL CITY-ST-ZIP TITLE DT Delete TITLE ☐ Addition LAMBERT, MARK NAME NAME STREET ADDRESS 125 N BIRCH RD #108 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITI F LEWANDOWSKI, CAROL NAME NAME STREET ADDRESS 125 N BIRCH RD #404 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition ANDERSON, TOM NAME NAME STREET ADDRESS 125 N BIRCH RD #301 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ★Addition Somewille, PAT 125 d. BIRCH RD # 304 NAME NAME STREET ADDRESS STREET ADDRESS FT. LAWERDANG, FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STADLER, PAT NAME NAME 125 N. BIRCH RO 4 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAVOOLDAN FL 33304 CITY-ST-ZIP

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.

(ARDE MENANDONS EC SIGNATURE: