

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90083 010 \*\*\*\*61.25

**DOCUMENT # 737793**

1. Entity Name  
**SPRINGBROOK GARDENS, INC., A CONDOMINIUM**



Principal Place of Business  
**125 N BIRCH RD  
FT LAUDERDALE FL 33304  
US**

Mailing Address  
**C/O MARK LAMBERT  
125 N BIRCH RD #108  
FORT LAUDERDALE FL 33304  
US**

**55013085**



☐ CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |                                                                                                 |  |                |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------|--|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-1809263</b>                                                                 |  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                                                                 |  | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                |
| Zip                            | Country | Zip                 | Country |                                                                                                 |  |                |

|                                                                                    |  |                                                                                       |  |
|------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                    |  | 7. Name and Address of New Registered Agent                                           |  |
| <b>LEWANDOWSKI, CAROL<br/>125 N BIRCH RD<br/># 404<br/>FT. LAUDERDALE FL 33304</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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: *Carol Lewandowski* **PRESIDENT** *2/09/03*  
(NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JONES, GEORGE<br/>125 N. BIRCH ROAD #203<br/>FT. LAUDERDALE FL</b>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>LEWANDOWSKI, CAROL<br/>125 N BIRCH RD #404<br/>FORT LAUDERDALE FL 33304</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ANDERSON, TOM<br/>125 N BIRCH RD #301<br/>FORT LAUDERDALE FL 33304</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SOMERVILLE, PAT<br/>125 N BIRCH RD # 304<br/>FORT LAUDERDALE FL 33304</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STADLER, PAT<br/>125 N BIRCH RD # 104<br/>FORT LAUDERDALE FL 33304</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                |                                                                                       | <b>D MIKE MATTHEWS<br/>125 N. BIRCH RD #209<br/>FT LAUDERDALE FL 33304</b> |                                                                              |

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: *Carol Lewandowski* **CAROL LEWANDOWSKI** *2/09/03* **2/09/03** **954-868-9466**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (10/02)