2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90048 016 ****70.00

DOCUMENT # 737990

1. Entity Name

ARISTA PARK CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
7175 NOVA DRIVE-BOX 511 DAVIE FL 33317	7175 NOVA DRIVE-BOX 511 DAVIE FL 33317-7183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1882170 ☐ 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
NACHMAN, IRVIN 4441 STIRLING ROAD FT. LAUDERDALE FL 33314	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TRANCE, TED 7175 NOVA DR #510 DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BYARS, JOYCE 7175 NOVA DR #506 DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELAINE WOLFE 7175 NOVA DR #104 DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KOMA, CLYDE 7175 NOVA DR, #508 DAVIE FL 33317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VYRLAS, ELEN 7175 NOVA DR., #206 DAVIE, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COOKINS, BONNIE B. 7175 NOVA DR #502 DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BROOKINS, BONNIE B.	☒ Change ☐ Addition (correction)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, ROSE 7175 NOVA DR, #405 DAVIE FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Elaine Wolfe 2/15/00 954-370-9466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #