

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

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

01-27-2003 90179 010 ****61.25

1/2

DOCUMENT # 737990

1. Entity Name

ARISTA PARK CONDOMINIUM, INC.



Principal Place of Business

**7175 NOVA DRIVE-BOX 511
DAVIE FL 33317**

Mailing Address

**7175 NOVA DRIVE-BOX 511
DAVIE FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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 **Reynaldo Bobby Ruiz**
Street Address (P.O. Box Number is Not Acceptable)

5405 N. St Rd 7

City **FL. Lauderdale**

FL

Zip Code **33319**

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

R. Bobby Ruiz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

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	DP	☒ Delete
NAME	WOLF, ELAINE	
STREET ADDRESS	7175 NOVA DR. #104	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	DT	☐ Delete
NAME	LOPEZ, AMY	
STREET ADDRESS	7175 NOVA DR. #208	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	☒ Delete
NAME	BROOKINS, BONNIE	
STREET ADDRESS	7175 NOVA DR #502	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	☒ Delete
NAME	VAN ALLEN, DEBRA	
STREET ADDRESS	7175 NOVA DR 502	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	☒ Delete
NAME	GRANT, ROSE	
STREET ADDRESS	7175 NOVA DR, #405	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	DP	☐ Change ☒ Addition
NAME	June Barreto		
STREET ADDRESS	7175 NOVA Drive # 307		
CITY-ST-ZIP	DAVIE FL 33317		
TITLE	Vice Pres.	D	☒ Change ☐ Addition
NAME	Lopez, Amy		
STREET ADDRESS	7175 NOVA DR. 206		
CITY-ST-ZIP	DAVIE FL 33317		
TITLE	Treasurer	D	☐ Change ☒ Addition
NAME	Thomson, Paula		
STREET ADDRESS	7175 NOVA DR. # 510		
CITY-ST-ZIP	DAVIE FL 33317		
TITLE	Treasurer	DT	☐ Change ☒ Addition
NAME	Player, Pam		
STREET ADDRESS	7175 NOVA DR. # 509		
CITY-ST-ZIP	DAVIE FL 33317		
TITLE		D	☐ Change ☒ Addition
NAME	Perez, Jose		
STREET ADDRESS	7175 NOVA DR. 509		
CITY-ST-ZIP	DAVIE FL 33317		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
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.

SIGNATURE

Signature of Rose Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/03

CR2E037 (10/02)