2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am Secretary of State **DOCUMENT # 741320** 1. Entity Name 03-29-2002 90832 040 ****61.25 CAMINO SHERIDAN VILLAS HOMEOWNERS ASSOCIATION, I Principal Place of Business Mailing Address 2405 N. 37TH AVE. 2405 N. 37TH AVE. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1958133 Not Applicable Zip Country \$8.75 Additional 7in Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ZITANI, RICHARD 2405 N. 37TH AVENUE HOLLYWOOD FL 33021 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **VD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MARGOLIS, LORRAINE STREET ADDRESS STREET ADDRESS 2325 N. 371TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE SD ☐ Delete ☐ Change ☐ Addition NAME SELVIN, FRAN NAME STREET ADDRESS STREET ADDRESS 2463 N 37TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD,FL 00000 Addition TITLE ☐ Delete TITLE ☐ Change NAME ZITANI, RICHARD NAME STREET ADDRESS STREET ADDRESS 2405 N. 37TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

3-14-02