

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741867
 1. Entity Name
 Lakewood on the Green Villas Assoc. ✓

FILED
May 26, 2000 8:00 am
Secretary of State
 05-26-2000 90103 008 ****61.25

Principal Place of Business Mailing Address

A0066243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3300 University Dr.
 Suite, Apt. #, etc.
 #405
 City & State
 Coral Springs, FL
 Zip Country
 33065 USA

3. Mailing Address
 3300 University Dr.
 Suite, Apt. #, etc.
 #405
 City & State
 Coral Springs, FL
 Zip Country
 33065 USA

4. FEI Number
 59-1809145
 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
 Name
 United Community Mgmt
 Street Address (P.O. Box Number is Not Acceptable)
 3300 University Dr.
 #405
 City State Zip Code
 Coral Springs FL 33065

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 UNITB Community Mgt. GM [Signature] 4/27/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	Price, Jerry	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3108 Lakewood Circle		NAME		
CITY - ST - ZIP	Margate, FL 33063		STREET ADDRESS		
			CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura, Gabe		NAME		
STREET ADDRESS	5380 Lakewood Circle		STREET ADDRESS		
CITY - ST - ZIP	Margate, FL 33063		CITY - ST - ZIP		
TITLE	SB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilk, Barbara		NAME		
STREET ADDRESS	5470 B Lakewood Circle		STREET ADDRESS		
CITY - ST - ZIP	Margate, FL 33063		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bochicchio, Vincent		NAME		
STREET ADDRESS	450E Lakewood Circle		STREET ADDRESS		
CITY - ST - ZIP	Margate, FL 33063		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glezer, Marty		NAME		
STREET ADDRESS	5182A Lakewood Circle		STREET ADDRESS		
CITY - ST - ZIP	Margate, FL 33063		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hincapie, Martha		NAME		
STREET ADDRESS	400 A Lakewood Circle		STREET ADDRESS		
CITY - ST - ZIP	Margate, FL 33063		CITY - ST - ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Pres. 4/25/00 (954) 973-9215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)