

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90054 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 746331**  
 1. Entity Name  
**THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATIO**

Principal Place of Business      Mailing Address  
 1840 S. W. 81ST AVENUE      1840 S. W. 81ST AVENUE  
 NORTH LAUDERDALE FL 33068      NORTH LAUDERDALE FL 33068-4233

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      Applied For  
**59-1929308**      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

**PESKIN, PHILIP**  
**1800 SW 81ST AVE**  
**NO. LAUDERDALE FL 33068**

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 *Philip Peskin*      *Pres.*      *1/27/00*  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**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	<b>DT</b> <b>JOTKOSKY, PHILIP, TREASURER</b> <b>1830 S W 81ST AVE</b> <b>NORTH LAUDERDALE FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b> <b>EDITH ERLICH</b> <b>1800 S. W. 81st Ave.</b> <b>NORTH LAUDERDALE, FL. 33068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>OCHENBLATT, GERALD, BOARD MEMBER</b> <b>1800 S W 81ST AVE</b> <b>NORTH LAUDERDALE FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>TROMPETER, LEO, BOARD MEMBER</b> <b>1800 S W 81ST AVE</b> <b>NORTH LAUDERDALE FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>COHEN, MAX, BOARD MEMBER</b> <b>1830 SW 81ST AVE</b> <b>N LAUDERDALE FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>JANOSKO, ANTHONY, VICE-PRESIDENT</b> <b>1820 S W 81ST AVE</b> <b>NO LAUDERDALE FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>PESKIN, PHILIP, PRESIDENT</b> <b>1800 SW 81ST AVE</b> <b>NO LAUDERDALE FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Philip Peskin*      **REQUIRED**      *1/11/00*      *954-24-7908*  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (9/99)