

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90020 011 \*\*\*61.25

89339



DO NOT WRITE IN THIS SPACE

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 746331**

1. Entity Name  
**THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 1840 S. W. 81ST AVENUE NORTH LAUDERDALE FL 33068	Mailing Address 1840 S. W. 81ST AVENUE NORTH LAUDERDALE FL 33068
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **59-1929308** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Jotkosky, Phil**  
 Street Address (P.O. Box Number is Not Acceptable): **1830 SW 81st Ave.**  
 City: **N. Lauderdale** FL **33068**

B. 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: *Phil Jotkosky* DATE: **3/18/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DX Pres.</b> <b>JOTKOSKY, PHILIP</b> <b>1830 S W 81ST AVE</b> <b>NORTH FT LAUDERDALE FL 33068</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XTreas.</b> <b>OCHENBLATT, GERALD</b> <b>1800 S W 81ST AVE</b> <b>NORTH FT LAUDERDALE FL 33068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board</b> <b>TROMPETER, LEO</b> <b>1800 S W 81ST AVE</b> <b>NORTH FT LAUDERDALE FL 33068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board</b> <b>COHEN, MAX</b> <b>1830 SW 81ST AVE</b> <b>N LAUDERDALE FL 33068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JANOSKO, ANTHONY</b> <b>1820 S W 81ST AVE</b> <b>NO LAUDERDALE FL 33068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PESKIN, PHILIP</b> <b>1800 SW 81ST AVE</b> <b>NO LAUDERDALE FL 33068</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board</b> <b>Fisher, Norman</b> <b>1800 SW 81 Ave.</b> <b>N. Lauderdale, FL 33068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board</b> <b>Almeda, Al</b> <b>1820 SW 81st Ave.</b> <b>N. Lauderdale, FL 33068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *Phil Jotkosky* PHILIP JOTKOSKY 4/9/02 9541227808

CR2007 (9/01)