

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90323 048 \*\*\*\*61.25

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 747159</b>                                                        |  |
| 1. Entity Name<br><b>OPERATING ASSOCIATION FOR PALM LAKES CONDOMINIUM, INC.</b> |                                                                                   |

|                                                                                      |                                                                                 |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br><b>7230 LAKE CIRCLE DR.<br/>MARGATE FL 33063-8719</b> | Mailing Address<br><b>7230 LAKE CIRCLE DR.<br/>MARGATE FL 33063-8719<br/>US</b> |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 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 <b>59-1913454</b>                           | Applied For                           |
|                                                           | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |



☐ CHECK HERE IF MAKING CHANGES

|                                                                                                                                                     |                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>BECKER &amp; GARY A POLIAKOFF P A<br/>3111 STIRLING ROAD<br/>FT. LAUDERDALE FL 33312-3525</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                 |                                                                                  |                                    |                                                          |
|---------------------------------|----------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|---------------------------------|----------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|

|                                                |                                                                                                               |                                                       |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>BECKER, TONI<br/>7210 LAKE CIRCLE DR #408<br/>MARGATE FL</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HARRIS, IDA<br/>7320 LAKE CIRCLE DR, #102<br/>MARGATE FL 33063</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>KAISER, MORTON<br/>363 ROCK ISLAND RD #201<br/>MARGATE FL 33063</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>RIZZI, GUY<br/>363 ROCK ISLAND DR #102<br/>MARGATE FL 33063</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HELLER, MARION<br/>363 ROCK ISLAND DR #107<br/>MARGATE FL 33063</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>WESTREICH, JEROME<br/>260 NW 78TH AVE<br/>MARGATE FL</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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:  SIGNATURE REQUIRED **1-21-03 954-971-1219**

CR2E037 (10/02)