

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90051 009 \*\*\*\*61.25

**DOCUMENT # 752393**

1. Entity Name

**GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOC  
 IATION III, INC.**

Principal Place of Business

Mailing Address

**PHOENIX MANAGEMENT  
 541 S STATE ROAD 7, #12  
 MARGATE FL 33068  
 US**

**PHOENIX MANAGEMENT  
 541 S STATE ROAD 7, #12  
 MARGATE FL 33068  
 US**

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

**59-2066090**

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

**GOLDBERG, SHELDON  
 PHOENIX MANAGEMENT  
 541 S STATE ROAD 7, #12  
 MARGATE 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

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 **PD** ☐ Delete  
 NAME **GORDON, KENNETH M.**  
 STREET ADDRESS **20558 NE 6TH CT**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete  
 NAME **NORRIS, BOB**  
 STREET ADDRESS **20594 NE 6TH CT**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DIXON, Kimberly**  
 STREET ADDRESS **20586 NE 6th Court**  
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **SD** ☐ Delete  
 NAME **GERDES, LYONEL**  
 STREET ADDRESS **20550 NE 6TH CT**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **NICHOLAS, ST SURIN**  
 STREET ADDRESS **20544 NE 6TH CT**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33179**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **D** ☐ Delete  
 NAME **NOVAK, BOB**  
 STREET ADDRESS **20584 NE 6TH CT**  
 CITY-ST-ZIP **N. MIAMI FL 33146 33179**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **NOVAK, ROBERT D.**  
 STREET ADDRESS **20584 NE 6th CT**  
 CITY-ST-ZIP **NORTH MIA. BEACH, FL 33179**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **SELDON GOLDBERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/02**

Date Daytime Phone #

CR2E037 (9/01)