2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-06-2002 90008 034 ****61.25

DOCUMENT # 766692

1. Entity Name

LAKES OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4985 SABAL PALM BLVD TAMARAC FL 33319 US	4985 SABAL PALM BLVE TAMARAC FL 33319 US

88135 [redacted]

DO NOT WRITE IN THIS SPACE

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 59-2261638 ☐ 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
WELLER, VERA 4940 SADAL PALM BLVD SUITE 307 TAMARAC FL 33319	Name RICHARD LEVY Street Address (P.O. Box Number is Not Acceptable) 4970 SABAL PALM BLVD TAMARAC City FL Zip Code 33319

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 RICHARD J LEVY Richard J Levy 4/18/02
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	VP LICKER, HAROLD 4970 SABAL PALM BLVD. TAMARAC FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALIDINGER, JACK 4475 SABAL PALM BLVD TAMARAC FL 33319 Resigned	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D BURDMAN, MORTON 4965 SABAL PALM BLVD. TAMARAC FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPMAN, HAROLD Deld 6080 SABLE PALM BLVD AC ¢ TAMARAC FL Check ¢	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D BARBANELL, FAYE 4970 SABAL PALM BLVD TAMARAC FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PS~~ WELLER, VERA 4940 SABAL PALM BLVD Paid TAMARAC FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ PD. LEVY, RICHARD 4970 SABAL PALM BLVD TAMARAC FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D SCHNEIDER, LAWRENCE 6095 SABAL PALM BLVD TAMARAC FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HIRSCH, ALEXANDER 6095 SABLE PALM BLVD TAMARAC FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D MARKOWITZ, MURIEL 4960 SABAL PALM BLVD TAMARAC FL 33319	☐ Change ☒ Addition

CR2E037 (9/01)

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: Richard J Levy RICHARD J LEVY 4/18/02 954-968-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #