2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# N02363

Entity Name: TOWN CENTER CLUB AUTHORITY, INC.

Current Principal Place of Business:

16690 SADDLE CLUB RD.
FT.LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

16690 SADDLE CLUB RD.
FT.LAUDERDALE, FL 33326

New Mailing Address:

FEI Number: 59-2385997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEDDERWITZ, ROBERT
16690 SADDLE CLUB RD.
FT. LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: COTLER, MARILYN
Address: 16401 GOLF CLUB RD #308
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: SZLAVER, LOU
Address: 16471 BLATT BLVD, #106
City-St-Zip: FT LAUDERDALE, FL 33326

Title: D ( ) Delete
Name: GRECO, RAY
Address: 16500 GOLFCLUB RD., #107
City-St-Zip: FT LAUDERDALE, FL 33326

Title: D ( ) Delete
Name: HACKLEY, FOREST
Address: 16650 WATERS EDGE DR
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete
Name: GREW, RAY
Address: 16500 GOLF CLUB RD #107
City-St-Zip: WESTON, FL 33326

Title: P ( ) Delete
Name: POZEN, JERRY
Address: 693 RACQUET CLUB RD #4
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: RAMUDO, ARMANDO
Address: 64 GABLES BLVD
City-St-Zip: FT LAUDERDALE, FL 33326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CARIOSCIA, THERESA
Address: 340 RACQUET CLUB RD
City-St-Zip: WESTON, FL 33326

Title: S (X) Change ( ) Addition
Name: ZUCKER, ANN
Address: 227 LAKEVIEW DR APT 103
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY POZEN P 04/16/2003

Electronic Signature of Signing Officer or Director — Date