2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

with all other like empowered.

FILED DOCUMENT # N11627 Mar 03, 2000 8:00 am **Secretary of State** CONDOMINIUM OWNERS OF PEMBROKE PINES ASSOCIATION 03-03-2000 90012 044 ****61.25 Principal Place of Business Mailing Address 13550 SW 10TH STREET 13550 SW 10TH STREET PEMBROKE PINES FL 33027-1881 PEMBROKE PINES FL 33027 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt #, etc. Applied For City & State City & State 4. FEI Number 59-2564178 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRIEDMAN, STEVEN ESQ 235 NORTH UNIVERSITY DR PEMBROKE PINES FL 33024 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME SHULTZ, RAYMOND NAME STREET ADDRESS STREET ADDRESS 650 SW 124TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 TD ☐ Delete TITLE ☐ Change Addition TITLE GRANT, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 13255 SW-16TH CT CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SIKOW, FLORENCE NAME STREET ADDRESS STREET ADDRESS 13355 SW 16TH CT, E408 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #