

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

FILED

DOCUMENT# N 15230  
1. Entity Name  
Ascot Property Owners Association, Inc

03 SEP -3 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

000022933006  
09/10/03--01086--019 \*\*61.25

**REINSTATEMENT 02-03**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
551 NW 77th Street  
Suite, Apt. #, etc. 212

3. Mailing Address  
551 NW 77th Street  
Suite, Apt. #, etc. 212

City & State  
Boca Raton, FL  
Zip 33487 Country USA

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Boca Raton, FL  
Zip 33487 Country USA

4. FEIN Number  
592734199  
Applied For  Not Applicable

5. Certificate Status Desired  \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent  
Name AKAM South, Inc  
Street Address (P.O. Box Number is Not Acceptable)  
551 NW 77th Street - Ste 212  
City Boca Raton FL Zip Code 33487

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 Carolyn Shunk, as agent for Ascot POA Date 8/25/03

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President Lloyd Tenner 5413 Ascot Bend Boca Raton, FL 33496</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President Bob Kaplan 293 Ascot Bend Boca Raton, FL 33496</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer Naman Barofsky 5293 Ascot Bend Boca Raton, FL 33496</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary / Director AL ARAMIS 5437 Ascot Bend Boca Raton, FL 33496</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director Laila Galpern 5204 Ascot Bend Boca Raton, FL 33496</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. If 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 a 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 on an attachment with an address, which is not a fictitious address.

SIGNATURE: Robert Kaplan Date 8/26/03  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)

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