

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90033 035 ****61.25

DOCUMENT # N27575

1. Entity Name

EMERALD GARDENS TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GUY DIBENEDETTO
2512 N. 38TH AVE.
HOLLYWOOD FL 33021

303 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIBENEDETTO, GUY
2512 N. 38TH AVE.
HOLLYWOOD FL 33021

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 | PTD | <input type="checkbox"/> Delete |
| NAME | DIBENEDETTO, GUY | |
| STREET ADDRESS | 2512 N. 38TH AVE. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | VPO | <input type="checkbox"/> Delete |
| NAME | BENOZILIO, MORDECHAI | |
| STREET ADDRESS | 2510 N. 38TH AVE. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MENFI, ANTHONY | |
| STREET ADDRESS | 2504 N. 38TH AVE. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZEIN, MIKE | |
| STREET ADDRESS | 2508 N. 38TH AVE. | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Guy Dibeneditto **SHRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 (954) 920-5900

Date

Daytime Phone #

CR2E037 (9/01)