2002	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR

DOCUMENT # N29936  1. Entity Name										3600		
GLADES FIRST COURT CONDOMINIUM ASSOCIATION, INC.						FILED						
Principal Place of Business Mailing Address			dress				no ÉF	B 18	Рм 2•	20		
TITI ANW. 13TH STREET JATE 300 RHOCA RATON FL 33432		123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432				SECRE	TARY	OF STA		<b>-</b> (1 <b>-</b> (1 <b>-</b> (1 -(1 -(1 -(1 -(1 -(1 -(1 -(1 -(1 -(1 -		
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DC	NOT WRI	ITE IN THIS	SPACE			
City & State		City & State			65-0175705				pplied For lot Applicable	;		
Zip Count	ry Zi	ip	Cou	ntry		5. Certificat	e of Statu	s Desired	X.	\$8.75 Ac		1
6. Name and Addr	ess of Current Register	ed Agent				7. Name an	d Addres	s of New f	Registered			
SHAPIRO, DAVID				Name Street A	arne John A. Kraynick reet Address (P.O. Box Number is Not Acceptable)						-	
123 N.W. 13TH STREET SUITE 300		123 N.W		N.W.	13th	Stre	et,	Suite	300		1	
: #30CA RATON FL 33432			Ì	City	a Ra	ton			F	L 3343	de 2	7
8. The above named entity submits t	his statement for the purp	pose of changing its	registere	d office or	registere	d agent, or be	oth, in the	state of Flo	orida.			1
SIGNATURE Signeture, typed or privided name FILE NOW: EEE IS	e of registered agent and title if ap	9. Election Can	npaign Fi	Agent signate	ure required v	then reinstating)	Be	Ma	DATE	nt 2-1	to	
	۸.	Trust Fund C	cntributi	on.	، نا 	Added to Fee	s		Departm	ent of Stat	e	
TITLE PD ENGELSTEIN, ALECT STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 3	ET #300	x X Delete	H		PD KRAY I 23	NICK,	HOL S H1	A.	, SUI	Change	X Addition	R2E037 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE ENGELSTEIN, HARF 123 NW 13TH STRE BOCA RATON FL 3	ET #300	☐ Delete	51		123	ERT, I	L3TH	STRE	ET, S	☐ Change	Addition	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DVST SHAPIRO, DAVID 123 NW 13TH ST, S BOCA RATON FL 3		<b>X</b> ☑ Delete	- II			81		03/07/	/02~~0	□ Change <b>468</b> - 110260	103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	И			$\sqrt{n}$	N	<b>****</b> *	70.00	**************************************	U (D) Abdition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Ħ	1	J		\			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the informatic	in supplied with this filing	Delete	CITY-	T ADDRESS ST-ZIP	ed in Sec	ion 119.07/2	VI) Florida	a Statuter	Lightheres	☐ Change	Addition	]

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 of 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 attackment with an address, with all other like empowered. 2 - 15 - 02

RECURPAUL Leikert, Vice President 561-391-4012