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 opticate 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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YMOUR GOTHELP

PEMBROKE PINUS

OF GRAND PALMS DEING

HEMBROKE PINES PL

SIGNATURE:

WEINSTEIN, NANCY

DEBASTOS, DAVID

PEMBROKE PINES FL

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NAME

NAME

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Seymour Gothelf 41

☐ Addition

Attach ment 9-75915 # N3/07

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