

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37020

1. Entity Name

THE BUCKHEAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11672 N.W. 5TH STREET
PLANTATION FL 33325
US

11660 N.W. 5TH STREET
PLANTATION FL 33325
US

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

65-0178282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, SHIRLEY
11672 N.W. 5TH STREET
PLANTATION FL 33325

Name MARC SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)

11660 N.W. 5TH ST

City PLANTATION

FL

Zip Code

33325

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 S
NAME DIAMASE, LUIGI
STREET ADDRESS 11785 NW 5TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME PUNYANI, SAT
STREET ADDRESS 11613 NW 5TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME THORNTON, ROBERT
STREET ADDRESS 11748 NW 5TH ST
CITY-ST-ZIP PLANTATION FL 33325 ☒ Delete

TITLE PRESIDENT
NAME SCHWARTZ, MARC
STREET ADDRESS 11660 N.W. 5TH ST
CITY-ST-ZIP PLANTATION FL 33325 ☒ Change ☐ Addition

TITLE D
NAME SAVITZ, CAROL
STREET ADDRESS 11600 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FROSCHE, BEN
STREET ADDRESS 11612 NW 5TH ST
CITY-ST-ZIP PLANTATION FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SAT PUNYANI

8/21/01

954-473-1192

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90007 045 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)