

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37020

1. Entity Name

THE BUCKHEAD HOMEOWNERS ASSOCIATION, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90270 032 ****61.25

Principal Place of Business

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

Mailing Address

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

SCHWARTZ, MARC
11660 N.W. 5TH STREET
PLANTATION FL 33325

7. Name and Address of New Registered Agent

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

4/30/02

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

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

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

TITLE **P** ☐ Delete
NAME **SCHWARTZ, MARC**
STREET ADDRESS **11660 NW 5TH ST**
CITY-ST-ZIP **PLANTATION FL 33325**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

4/30/02

CR2E037 (9/01)