

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # N37020**

1. Entity Name

THE BUCKHEAD HOMEOWNERS ASSOCIATION, INC.



02-04-2004 90052 013 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

11166 LANGBOAT DRIVE  
COOPER CITY FL 33026  
US

2. Principal Place of Business

3. Mailing Address

11166 LANGBOAT DRIVE



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cooper City FL

4. FEI Number

65-0178282

Applied For

Not Applicable

Zip

Country

Zip

33026

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MIZRANI, KRISTINE ☐ Delete  
STREET ADDRESS 11684 N.W. 5TH STREET  
CITY-ST-ZIP PLANTATION FL 33325

TITLE TT  
NAME mia BRODEUR ☐ Change ☐ Addition  
STREET ADDRESS 11649 NW 5TH STREET  
CITY-ST-ZIP PLANTATION, FL 33325

TITLE TT  
NAME ISAACSON, MICHELLE ☒ Delete  
STREET ADDRESS 11772 N.W. 5TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33325

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

TITLE SD  
NAME SAVITZ, CAROL ☐ Delete  
STREET ADDRESS 11660 NW 5TH ST  
CITY-ST-ZIP PLANTATION FL 33325

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \*

*Kristen Mizrah*

2/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #