**FILED**
**Jul 07, 2003 8:00 am**
**Secretary of State**
04-14-2003 90367 005 ****61.25

4/14/

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37020

1. Entity Name
THE BUCKHEAD HOMEOWNERS ASSOCIATION, INC.

44005482

[redacted]

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 11672 N.W. 5TH STREET<br>PLANTATION FL 33325<br>US | 11660 N.W. 5TH STREET<br>PLANTATION FL 33325<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 11166 LONGBOAT DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: COOPER CITY |
| Zip / Country | Zip: 33026 / Country: BROWARD |

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

55

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DIAMASE, LUIGI<br>11785 NW 5TH ST<br>FORT LAUDERDALE FL 33325 | ☑ Delete | PRES D<br>MIZRAHI KRISTINE<br>11684 NW 5TH STREET<br>PLANTATION, FL 33325 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PUNYANI, SAT<br>11613 NW 5TH ST<br>FORT LAUDERDALE FL 33325 | ☑ Delete | TREAS D<br>ISAACSON MICHELLE<br>11772 NW 5TH STREET<br>PLANTATION FL 33325 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SCHWARTZ, MARC<br>11660 NW 5TH ST<br>PLANTATION FL 33325 | ☐ Delete | SECT D<br>SAVITZ CAROL<br>11600 NW 5TH STREET<br>PLANTATION FL 33326 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SAVITZ, CAROL<br>11600 N.W. 5TH STREET<br>PLANTATION FL 33325 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FROSCH, BEN<br>11612 NW 5TH ST<br>PLANTATION FL 33325 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: Kristine Mizrahi SIGNATURE REQUIRED 4-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #