## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 09, 2002 8:00 am Secretary of State

Suite, Apt. #, etc.    Suite		Secrétary of Sta 07-09-2002 90024 022 ****61.2		•	SOCIATION, INC.	ENT # <b>N37548</b> MMOCK HOMEOWNERS ASS	1. Entity Name
FT. LAUDERDALE Ft. 33301  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Cartificate of Status Desired  \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent  Name  LOCHRIE; ROBERT 6 JR.  1701 BRICKELL DRIVE  FT. LAUDERDALE Ft. 33301  City  FILE NOW: FEE IS \$81.25  DO NOT WRITE IN THIS SPACE  Country  5. Cartificate of Status Desired  \$8.75 Addition Name  Name  Street Address (F.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Co					Mailing Address	Business	Principal Place of 8
Suite, Apt. #, etc.    Suite						N AAAA	
City & State  Country				Mailing Address		2. Principal Place of Business	
Zip Country Zip Country 5: Countr		DO NOT WRITE IN THIS SPACE	DO N	Suite, Apt. #, etc.		Suite, Apt. #, etc.	
### Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Addition Fee Required   \$	0F 0400040				City & State	•	City & State
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    City   FL   Zip Code		5. Certificate of Status Desired \$8.75 Additional		Zip Country		Country	Zip
LOCHRIE, ROBERT 6 JR.  1701 BRICKELL DRIVE FT. LAUDERDALE FL 33301  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida.  Signature. Typed or primed 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.  Added to Fees  Make Check Payable to Department of State  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  VPD  Delete  BRYAN, SUSAN BRICKELL DRIVE FT LAUDERDALE FL 33301  CITY-ST-ZIP FT LAUDERDALE FL 33301  STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301  CITY-ST-ZIP FT LAUDERDALE FL 33301		Fee Required			gistered Agent	. Name and Address of Current Reg	6.
1701 BRICKELL DRIVE FT. LAUDERDALE FL 33301  City  City  FL  Zip Code  City  City  City  City  City  Fl  City  FL  Zip Code  City  City  City  City  City  City  FL  Zip Code  City  Cit	P.O. Box Number is Not Acceptable)			Name	<del></del>		
### City #### City #### City #### City #### City #### City #### City ##### City ####################################				1701 BRICKELL DRIVE			
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.  \$IGNATURE							
SIGNATURE    Signature, typed or primed name of registered agent and bitle if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE				City			
TITLE NAME LOCHRIE, ROBERT B JR. STREET ADDRESS CITY-ST-ZIP	-	Make Check Payable to	\$5.00 May Be	paign Financing	9. Election Camp		Signatu
TITLE PD Delete TITLE NAME  LOCHRIE, ROBERT B JR.  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE VPD NAME  BRYAN, SUSAN  BRICKELL DRIVE  CITY-ST-ZIP  TO Delete  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  CHange  Change  Change  CITY-ST-ZIP  CHANGE  STREET ADDRESS CITY-ST-ZIP  CHANGE  CITY-ST-ZIP  CHANGE  CITY-ST-ZIP  CHANGE  CITY-ST-ZIP	$\dashv$	TO OFFICERS AND DIRECTORS IN 10	ADDITIONS/CHANGES TO (	11.	TORS	OFFICERS AND DIRECT	10.
NAME BRYAN, SUSAN NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	worth worth			TITLE NAME STREET ADDRESS	☐ Delete	I BRICKELL DRIVE	NAME LOCH STREET ADDRESS 1701
	dition	☐ Change ☐ Addii		NAME STREET ADDRESS	☐ Delete	KELL DRIVE	NAME STREET ADDRESS CITY-ST-ZIP  BRYA BRICH FT LA
STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	lition _	Change Additi	tuen 1 - um	NAME STREET ADDRESS	Delete .	S.E. 2ND COURT	NAME COLE STREET ADDRESS 1629 CITY-ST-ZIP FT. LA
TITLE TD Delete TITLE  NAME MCCORMICK, PEGGY  STREET ADDRESS CITY-ST-ZIP  TO DELETE TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TO DELETE TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	fition	☐ Change ☐ Addit		NAME STREET ADDRESS	□ Delete	S.E. 17TH AVENUE	NAME MCCC STREET ADDRESS 111 S
TITLE D Delete D	lition .	☐ Change ☐ Additi		NAME STREET ADDRESS	☐ Delete	S.E. 2ND COURT	STREET ADDRESS 1620
TITLE  SHUMPERT, ANN  STREET ADDRESS  THY-ST-ZIP  THE NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  LAUDERDALE FL 33301  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this record on this record on the second on the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes, I further certify the section 119.07(3)(ii) Florida Statutes, I further certify the section 119.07(3)(iii) Florida Statutes,		_ , _		NAME STREET ADDRESS CITY-ST-ZIP		S.E. 2ND COURT NUDERDALE FL 33301	SHUM STREET ADDRESS 1620 S STY-SI-ZIP FT LAI

2. I bereby 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 chapter 617.

**SIGNATURE:** 

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30, 2002 954-525-133