## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like

SIGNATURE AND TYPED OR PRINTED NAME OF SKENING OFFICER OR DIRECTOR

SIGNATURE:

## May 29, 2001 8:00 am Secretary of State DOCUMENT # N93000002464 1. Entity Name 05-10-2001 90149 011 \*\*\*\*61.25 THE DIPLOMAT GOLF & RACQUET CLUB CONDOMINIUM ASS Principal Place of Business Mailing Address 26 DIPLOMAT PARKWAY 26 DIPLOMAT FARKWAY · 4. HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0406100 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBERTS MANAGEMENT & REALTY CO., INC 1840 NE 153 ST. N MIAMI BCH FL 33162 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (Nr. TE: Registered Agent signature required when reinstating) 9. Election Campai in Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DVPT TITLE TITLE DELAMAZZA, ENRIQUE NAME NAME STREET ADORESS 26 DIPLOMAT PARKWAY STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP allandale DS TITLE TITLE FRANKE, HANK NAME NAME 26 DIPLOMAT PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY - ST - ZIP ☐ Addition Delete TITLE MORALES, MARIA NAME NAME STREET AD DRESS 26 DIPLOMAT PARKWAY STREET ADDRESS Hallandole . 7 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

Daytime Phone 4