

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002455

1. Entity Name

LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CASTLE GROUP  
P.O. BOX 189013  
PLANTATION FL 33318  
US

C/O CASTLE GROUP  
P.O. BOX 189013  
PLANTATION FL 33318  
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

65-0549889

Applied For

Not Applicable

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

CASTLE MANAGEMENT INC  
4450 W SUNRISE BOULEVARD  
SUITE C-100  
PLANTATION FL 33313

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME TD  
PRICE, TED  
STREET ADDRESS 10147 LOMBARDY DR  
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Delete  
NAME PD  
CHAIET, HOWARD  
STREET ADDRESS 10247 LOMBARDY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Delete  
NAME SD  
MAIMAN, SHIRLEY  
STREET ADDRESS 10152 LOMBARDY DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33321

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

TITLE ☒ Delete  
NAME VD  
SALVATORE, MARIO  
STREET ADDRESS 10260 LOMBARDY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☒ Addition  
NAME V D  
STOFF, MYRON  
STREET ADDRESS 10144 Lombardy Dr.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete  
NAME VD  
FISHBEIN, DON  
STREET ADDRESS 10270 LOMBARDY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

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 registered agent or trustee empowered to file 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 information.

SIGNATURE:

*Howard Chaiet, President 4/2/02 (954) 792-6000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

00000382

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 91185 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE