

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90111 002 \*\*\*\*61.25

**DOCUMENT # N95000002848**

1. Entity Name

**THE COURTS AT SOUTH BEACH CONDOMINIUM ASSOCIATIO**

Principal Place of Business

Mailing Address

9096 SW 87TH AVE  
 STE 777  
 MIAMI FL 33176  
 US

9096 SW 87TH AVENUE  
 SUITE #177  
 MIAMI FL 33176  
 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

**65-0584267**

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

**BEDZOW, MICHAEL**  
**20803 BISCAYNE BLVD**  
**SUITE 200**  
**AVENTURA FL 33180**

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 file 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 **DP**  
 STREET ADDRESS **LOSABA, ALAN DAVID, ALAN**  
 CITY-ST-ZIP **11098 BISCAYNE BLVD STE 402- MIAMI FL 33161**

TITLE  Delete  
 NAME **DV**  
 STREET ADDRESS **GURDOFF, FRANK**  
 CITY-ST-ZIP **120 JEFFERSON AVE #12012 MIAMI BEACH FL 33133**

TITLE  Delete  
 NAME **DS**  
 STREET ADDRESS **MOORE, RUTH ANN**  
 CITY-ST-ZIP **11098 BISCAYNE BLVD STE 402 MIAMI FL 33161**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **DAVID, ALAN DAVID, ALAN**  
 CITY-ST-ZIP **20803 BISCAYNE BLVD, SUITE 200 AVENTURA, FL 33180**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **SECRETARY**  
 STREET ADDRESS **CARRINGTON, TUDY**  
 CITY-ST-ZIP **20803 BISCAYNE BLVD, SUITE 200 AVENTURA, FL 33180**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/01 305-270-0870**  
 Daytime Phone #

CR2E037 (10/00)