

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90032 007 ****61.25

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DOCUMENT # N97000006503

1. Entity Name

LAKES OF WOODHAVEN CONDOMINIUM 2 ASSOCIATION, IN

Principal Place of Business

**6001 OLD COURT RD.
BOCA RATON FL 33433**

Mailing Address

**615 EMERALD WAY EAST
DEERFIELD BCH. FL 33442**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0799637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL J
500 NE SPANISH RIVER BLVD #205
BOCA RATON FL 33431**

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.

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

TITLE **PD** ☐ Delete
NAME **SARNOTSKY, MARTHA**
STREET ADDRESS **6221 OLD COURT ROAD**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VPT** ☐ Delete
NAME **NORRMAN, BRITT**
STREET ADDRESS **6221 OLD COURT RD.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **SD** ☐ Delete
NAME **CARDUCCI, BILL**
STREET ADDRESS **6215 OLD COURT RD.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete
NAME **CRISTIANO, MICHAEL**
STREET ADDRESS **6191 OLD COURT RD. #806**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TD** ☒ Change ☐ Addition
NAME **NORRMAN, BRITT**
STREET ADDRESS **6221 Old Court Rd.**
CITY-ST-ZIP **Boca Raton, FL. 33433**

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **CRISTIANO, MICHAEL**
STREET ADDRESS **6191 Old Court Rd.**
CITY-ST-ZIP **Boca Raton, FL. 33433**

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:

Martha Sarnotsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Sarnotsky, President - 2/7/01

Date

Daytime Phone #

CR2E037 (10/00)