

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90391 020 \*\*\*\*61.25

**DOCUMENT # N98000002008**  
 1. Entity Name  
**SAXON WOODS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 4800 N FEDERAL HIGHWAY 4800 N FEDERAL HIGHWAY  
 SUITE 105E SUITE 105E  
 BOCA RATON, FL 33431 BOCA RATON, FL 33431

A0068331

2. Principal Place of Business 3. Mailing Address  
 13790 NW 4TH STREET 13790 NW 4TH STREET  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 SUITE 113 SUITE 113

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
 SUNRISE, FL SUNRISE, FL 65-0833201 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required

33325 Country 33325 Country

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GRAGG, LAWRENCE K.  
 200 S BISCAYNE BLVD  
 SUITE 4900  
 MIAMI, FL 33131

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 NAME STREET ADDRESS CITY - ST - ZIP	DV GOLDIN, AMY <input type="checkbox"/> Delete 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GOLDIN, AMY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 965 N. NOB HILL RD #208 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CARBAUGH, KAREY <input checked="" type="checkbox"/> Delete 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MARTIN, CINDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13790 NW 4TH ST, STE 113 SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ACKERMAN, RICHARD <input checked="" type="checkbox"/> Delete 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LERNER, HARRY <input type="checkbox"/> Delete 2901 BUSCH BLVD TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **AMY GOLDIN** 4/26/01 954-915-6949  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)