

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P93000050587 (3)**

1. Corporation Name

**ESTATES AT NORTH TREE, INC.**



Principal Place of Business

**3300 UNIVERSITY DR  
SUITE 412  
CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DR  
SUITE 412  
CORAL SPRINGS FL 33065-6309**

3. Date Incorporated or Qualified  
**07/20/1993**

3a. Date of Last Report  
**03/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 **2255 Glades Road**

26 **2255 Glades Road**

4. FEI Number

**65-0437190**

Applied For  
☐ Not Applicable

22 **Suite 301E**

27 **Suite 301E**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

23 **Boca Raton, FL**

28 **Boca Raton, FL**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

24 **33431**

25

29 **33431**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KODSI, ISAAC P.  
2875-6 UNIVERSITY DR  
DAVIE FL 33328**

81 Name

**KODSI, E EIBENSTEIN, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**701 West Cypress Creek Road**

83

**Suite 302**

84

**FL**

85

**Zip Code 33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**2/12/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KODSI, JOSEPH</b>	
STREET ADDRESS	<b>3300 UNIVERSITY DR SUITE 412</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2255 Glades Road, Suite 301E</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KODSI, ALBERT</b>	
STREET ADDRESS	<b>3300 UNIVERSITY DR, STE 413</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2255 Glades Road, Suite 301E</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KODSI, DANIEL</b>	
STREET ADDRESS	<b>3300 UNIVERSITY DR, STE 412</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2255 Glades Road, Suite 301E</b>
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

**2/12/97**

CR2E034 (9/96)