

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90361 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056595

1. Entity Name
SENIOR ASSOCIATION MANAGEMENT, INC.



Principal Place of Business
6100 HOLLYWOOD BLVD.
#305
HOLLYWOOD, FL 33024

Mailing Address
6100 HOLLYWOOD BLVD.
#305
HOLLYWOOD, FL 33024

11033951



2. Principal Place of Business

4833 Coconut Creek
Suite, Apt. #, etc. PARKWAY

3. Mailing Address

4833 Coconut Creek
Suite, Apt. #, etc. PARKWAY

☒ CHECK HERE IF MAKING CHANGES

City & State

Coconut Creek, FL.

City & State

Coconut Creek, FL.

4. FEI Number

65-0735429

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

33063

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATON, SCOTT
6100 HOLLYWOOD BLVD.
#305
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name
Scott WATON

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

4833 Coconut Creek Parkway

City
Coconut Creek

FL

Zip Code
33063

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATON, SCOTT
6100 HOLLYWOOD BLVD. #305
HOLLYWOOD, FL 33024 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Scott WATON
4833 Coconut Creek Parkway
Coconut Creek, FL. 33063 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT WATON

4/30/03

954-6331701

CR2E034 (10/02)