2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 24, 2004 8:00 am Secretary of State DOCUMENT # P96000072935 03-24-2004 90038 023 ***150.00 ZUCKERMAN HOMES AT THE POLO CLUB, INC. Principal Place of Business Mailing Address 3111 UNIVERSITY DRIVE 3111 UNIVERSITY DRIVE **74000000** SUITE 610 SUITE 610 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0726412 Not Applicable Country Zin Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) 1 E. BROWARD BLVD. STE, 1501 FT. LAUDERDALE FL 33301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition MLE □ Delete TITLE ZUCKERMAŃ, ANDREW NAME NAME 3111 UNIVERSITY DRIVE, SUITE 610 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITI F ZUCKERMAN, DAVID NAME NAME STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIE ☐ Delete TITLE Change Addition ZUCKERMAN, STEVEN STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610 STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE.

FILED

Daytime Phone #