## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 718402**

1. Entity Name



## **FILED** Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90147 011 \*\*\*\*61.25

	ATNE S COMMODURE CLU	JB CONDOMINIUM 1, IN					
Principal Plac	ce of Business	Mailing Address		<del></del>			
177-OCEAN LANE DRIVE			والمياسينيونون المرابض		2001844	<b>:1</b> ):	
KEY BISCAYNE	FL 33149	KEY BISCAYNE FL 33149		}	2001011	. 0	
				)	ORIN DONA SHEKAREN BROK BOOK B	ERKI RUBUK AKRKI KABU	
Principal Place of Business     3. Mailing Address					lali diali aliki iadi		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State Cit		City & State	ity & State		766	Applied For	
		`		4. FEI Number <b>59-1359</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De	sired   \$8.7	5 Additional	
	6. Name and Address of Currer	nt Registered Agent	<del></del>	7. Name and Address of		equired	
	o. Name and Addition of Carton	III TIOGISTOTOS ABSTIT	Name	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
LERNER, LISA P.A			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
201 ALUANBRA CIRCLE SUITE 1102			- Greet Additi	Shoot Address (1.0. Box Admissi to Not Address)			
CORAL G	IABLES FL 33144					1	
	4		City	<del></del>	FL Zi	p Code	
8. The above	e named entity submits this statement	for the purpose of changing its r	realistered office or rec	istered agent, or both, in the Stat		with, and accept	
the obligat	tions of registered agent.						
1	and the state of t	يترجودو وسمارهر الرا		್ರೀಟ್ ಕ್ರಾಟ್ಕ್ ಆಗ್ರಹ್ಯದಲ್ಲಿದ್ದಾರೆ.	e om omenie okajo	` '	
SIGNATURE .	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)	DATE		
					<del></del>		
	FILE NOW: FEE IS \$61.25	9. Election Cam	naion Financino	¢5 00	Make Check Pay	able to	
, ·				<b>33.UU</b> May Be	make clieck i ay	anie io	
		Trust Fund Co		<b>\$5.00</b> May Be Added to Fees	Florida Department		
10.	OFFICERS AND D	Trust Fund Co		Added to Fees	Florida Department	t of State	
10.	OFFICERS AND D	Trust Fund Co	ontribution.	Added to Fees  ADDITIONS/CHANGES TO COME TO TREASURE	Florida Department	PRS IN 10	
TITLE NAME	OFFICERS AND D	Trust Fund Co	ontribution.	Added to Fees  ADDITIONS/CHANGES TO COME TO TREASURE	Florida Department	PRS IN 10	
TITLE NAME STREET ADDRESS	OFFICERS AND D WESTER, ALEXIS 177 OCEAN LANE DR	Trust Fund Co	ontribution.	Added to Fees  ADDITIONS/CHANGES TO COME TO TREASURE	Florida Department	PRS IN 10	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	OFFICERS AND D	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGES TO CEST TREASURE.  Do Day  O Cean Can  Key Biscar	Florida Department  DEFICERS AND DIRECTO  CO  CO  R  DEFICERS AND DIRECTO  CO  CO  CO  CO  CO  CO  CO  CO  CO	PRS IN 10 Page  Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND D WESTER, ALEXIS 177 OCEAN LANE DR KEY BISCAYNE FL 33149	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGES TO CEST TREASURE.  Do Day  O Cean Can  Key Biscar	Florida Department  DEFICERS AND DIRECTO  CO  CO  R  DEFICERS AND DIRECTO  CO  CO  CO  CO  CO  CO  CO  CO  CO	PRS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD WESTER, ALEXIS 177 OCEAN LANE DR KEY BISCAYNE FL 33149 S CZAHAR, RENE 177 OCEAN LANE DRIVE	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGES TO CEST TREASURE  TO O CEAN CON KEY BISCON  DIRECTOR  LOSSEN ZOILO	Florida Department  DEFICERS AND DIRECTO  OF  OF  OF  OF  OF  OF  OF  OF  OF	PRS IN 10 Page  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PD WESTER, ALEXIS 177 OCEAN LANE DR KEY BISCAYNE FL 33149 S CZAHAR, RENE 177 OCEAN LANE DRIVE KEY BISCAYNE FL 33149	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGES TO CEST TREASURES  LEO DALY  1010 OCEAN CAN  HELL BISCAU  PILECTOF  LOSSEN ZOILO  110 CEAN LANE  114 BISCAUPE, F	Florida Department  DEFICERS AND DIRECTO  OF  OF  OF  OF  OF  OF  OF  OF  OF	PRS IN 10 Page  Addition	
TITLE NAME STIPEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD WESTER, ALEXIS 177 OCEAN LANE DR KEY BISCAYNE FL 33149 S CZAHAR, RENE 177 OCEAN LANE DRIVE KEY BISCAYNE FL 33149 VP	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGES TO CEST TREASURE.  Lea Dary  100 Cean Can  Key Biscar  Dilector  Lobser Zollo  110 Ocean Lane  114 Biscayne, F	Florida Department  DEFICERS AND DIRECTO  CO  Re Drive  Line, Li 331  CH  Drive  1 33149	PRS IN 10 Pange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PD WESTER, ALEXIS 177 OCEAN LANE DR KEY BISCAYNE FL 33149 S CZAHAR, RENE 177 OCEAN LANE DRIVE KEY BISCAYNE FL 33149 VP RUIZ, EDWARDO	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGES TO CEST TREASURE.  Lea Dary  100 Cean Can  Key Biscar  Dilector  Lobser Zollo  110 Ocean Lane  114 Biscayne, F	Florida Department  DEFICERS AND DIRECTO  CO  Re Drive  Line, Li 331  CH  Drive  1 33149	PRS IN 10 Pange	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WESTER, ALEXIS 177 OCEAN LANE DR KEY BISCAYNE FL 33149 S CZAHAR, RENE 177 OCEAN LANE DRIVE KEY BISCAYNE FL 33149 VP RUIZ, EDWARDO 177 OCEAN LANE DRIVE KEY BISCAYNE FL D HODGSON, MARION 177 OCEAN LANE DR	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGES TO CEST TREASURE.  Lea Dary  100 Cean Can  Key Biscar  Dilector  Lobser Zollo  110 Ocean Lane  114 Biscayne, F	Florida Department  DEFICERS AND DIRECTO  CO  Re Drive  Line, Li 331  CH  Drive  1 33149	Addition  Addition  Addition  Addition  Addition	
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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

305-361-1656