

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-21-2002 90894 028 ****70.00

DOCUMENT # 721013

1. Entity Name

LAKE HILDA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6990 SILVER OAK DR
MIAMI LAKES FL 33014
US

6990 SILVER OAK DR
MIAMI LAKES FL 33014
US

30502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7117328

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ, ROBERT S
6990 SILVER OAK DR
MIAMI LAKES FL 33014

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 Delete
NAME **PD**
STREET ADDRESS **RUIZ, ROBERT**
CITY-ST-ZIP **6990 SILVER OAK DR**
MIAMI LAKES FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD**
STREET ADDRESS **RODRIGUEZ, ARMANDO**
CITY-ST-ZIP **6751 CROOKED PALM TERR**
MIAMI LAKES FL

TITLE Change Addition
NAME **VD**
STREET ADDRESS **JAMES W BAKER**
CITY-ST-ZIP **6910 SEA CLAPE TERR**
TOWN OF MIAMI LAKES - FL - 33014

TITLE Delete
NAME **TD**
STREET ADDRESS **CARBONELL, DAVID**
CITY-ST-ZIP **13921 CROOKED PALM PLACE**
MIAMI LAKES FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD**
STREET ADDRESS **ZAPATA, RODRIGO**
CITY-ST-ZIP **6885 BAMBOO STREET**
MIAMI LAKES FL

TITLE Change Addition
NAME **SD**
STREET ADDRESS **ANA M. LOPEZ**
CITY-ST-ZIP **13908 CROOKED Palm Pl.**
TOWN OF MIAMI LAKES - FLA. 33014

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02
Date

305-557-8032
Daytime Phone #

CR2007 (9/01)