

FILED
Jul 02, 2001 8:00 am
Secretary of State

06-19-2001 90003 032 ****66.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725204

1. Entity Name

STAR LAKE NORTH NAUTILUS ASSOCIATION, INC.



Principal Place of Business

19255 N.E. 2ND AVENUE
MIAMI FL 33179
US

Mailing Address

19255 N.E. 2ND AVENUE
MIAMI FL 33179
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1477794

Applied For

Not Applicable

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

**KALLICHE, ANTHONY A ESQUIRE
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE #100
MIAMI FL 33126**

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	P/D	<input type="checkbox"/> Delete
NAME	CRUZ, DORORES	
STREET ADDRESS	19255 N.E. 2ND AVE #2219	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	GERDES, JEAN W	
STREET ADDRESS	19255 NE 2ND AVE #2210	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, DAHLIA	
STREET ADDRESS	19255 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, ESMERALDA	
STREET ADDRESS	19255 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMSTEAD, ELISHA	
STREET ADDRESS	19255 N.E. 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, CHRISTINE	
STREET ADDRESS	19255 N.E. 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS/TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sasha S. Bacon	
STREET ADDRESS	19255 NE 2nd Ave # 2222	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/2001

Date

(305) 655 0187

Daytime Phone #

CR2E037 (10/00)