

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90069 002 ****70.00

DOCUMENT # 739797

1. Entity Name
CARIBBEAN GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business
Courtesy Property Mngt.
 Suite, Apt. #, etc.

13250 SW 135 Avenue

City & State
Miami, Florida

Zip Country
33186

3. Mailing Address
Same as Principal
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-1775656

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

00057413

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
SKRLD, INC.
 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle
Suite 1102
 City
Miami, FL Zip Code
33134

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 **SKRLD, INC. BY LISA LERNER** *Lerner*, SECRETARY 3-28-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P McNeil, Jimmie 11309 SW 200 St, #C210 Miami, Fl. 33157	<input type="checkbox"/>		
VP Bates, Rhoda 11309 SW 200 St., #C209 Miami, FL. 33157	<input type="checkbox"/>		
T Davis, Audrey 11301 SW 200 St., #A209 Miami, Fl. 33157	<input type="checkbox"/>		
SD Pope, Jennifer 11301 SW 200 St., #A102 Miami, Fl. 33157	<input type="checkbox"/>		
D Kelly, Travis 11307 SW 200 St., #B102 Miami, Fl. 33157	<input type="checkbox"/>		
D Johnston, Elizabeth 11307 SW 200 St., #B108 Miami, Fl. 33157	<input type="checkbox"/>		

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: *Jimmie L. McNeil* ✓ 4-7-0 ✓ 305-258-0156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)