

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740566

1. Entity Name

LAKE CHARA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90100 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

|                                                                                 |                                                                                           |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>14241 S.W. 92ND AVENUE<br/>MIAMI FL 33176</b> | Mailing Address<br><b>14241 SW 92 ND AVE<br/>SUITE 235<br/>MIAMI FL 33176-7121<br/>US</b> |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                |                                                |
|--------------------------------|------------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address<br><b>14241 S.W. 92 AVE</b> |
|--------------------------------|------------------------------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |                                  |
|--------------|----------------------------------|
| City & State | City & State<br><b>MIAMI, FL</b> |
|--------------|----------------------------------|

|     |         |                   |            |
|-----|---------|-------------------|------------|
| Zip | Country | Zip               | Country    |
|     |         | <b>33176-7121</b> | <b>USA</b> |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1776099</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                        |
|----------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                                 |
| <b>BOTT, HOWARD K.<br/>14241 SW 92 AVE<br/><del>SUITE 205</del><br/>MIAMI FL 33176</b> |

|                                                    |           |          |
|----------------------------------------------------|-----------|----------|
| <b>7. Name and Address of New Registered Agent</b> |           |          |
| Name                                               |           |          |
| Street Address (P.O. Box Number is Not Acceptable) |           |          |
| City                                               | <b>FL</b> | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |                                                                                  |                                    |                                                  |
|-------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GARCIA, JESUS JR<br/>14121 SW 92 AVENUE<br/>MIAMI FL</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>WILLIAMS, ELDRIDGE<br/>9061 SW 144TH ST.<br/>MIAMI FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>BOTT, HOWARD<br/>14241 S.W. 92ND AVENUE<br/>MIAMI FL</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>DUCHENE, FRANCES<br/>9001 S.W. 144 ST.<br/>MIAMI FL</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 **K. BOTT** 4/14/2000 305.598.8456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)