

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90043 003 \*\*\*\*61.25

**DOCUMENT # 742670**

1. Entity Name

**AMERICANA VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1900 S.W. 180 AVENUE  
 SUITE #602  
 MIAMI FL 33187-2610

1900 S.W. 180 AVENUE  
 SUITE #602  
 MIAMI FL 33187-2620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2069462**

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

JACKLEY, RICHARD  
 19800 SW 180TH AVE  
 #558  
 MIAMI FL 33187

Name: **MR. Robert Paige, Attorney At Law**  
 Street Address, (P.O. Box Number is Not Acceptable):  
**11440 N. Kendall Drive**  
**Penthouse 400**  
 City: **MIAMI** FL Zip Code: **33176**

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]* 1-27-2000

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                       | <input checked="" type="checkbox"/> Delete |
| NAME           | ESKAU, THOMAS           |  |
| STREET ADDRESS | 19800 S.W. 180 AVE #251 |  |
| CITY-ST-ZIP    | MIAMI FL 33187          |  |
| TITLE          | V                       | <input checked="" type="checkbox"/> Delete |
| NAME           | PATTENAUDE, ELIZABETH   |  |
| STREET ADDRESS | 19800 S.W. 180 AVE #563 |  |
| CITY-ST-ZIP    | MIAMI FL 33187          |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | JACKLEY, RICHARD        |  |
| STREET ADDRESS | 19800 S.W. 180 AVE #558 |  |
| CITY-ST-ZIP    | MIAMI FL 33187          |  |
| TITLE          | S                       | <input checked="" type="checkbox"/> Delete |
| NAME           | WALLACE, TED            |  |
| STREET ADDRESS | 19800 S.W. 180 AVE #384 |  |
| CITY-ST-ZIP    | MIAMI FL 33187          |  |
| TITLE          | MD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | PASSINO, MARK           |  |
| STREET ADDRESS | 19800 S.W. 180 AVE #246 |  |
| CITY-ST-ZIP    | MIAMI FL 33187          |  |
| TITLE          | MD                      | <input type="checkbox"/> Delete            |
| NAME           | WILCOX, BRIAN           |  |
| STREET ADDRESS | 19800 S.W. 180 AVE #375 |  |
| CITY-ST-ZIP    | MIAMI FL 33187          |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PRESIDENT              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PATTENAUDE, ELIZABETH  |  |
| STREET ADDRESS | 19800 SW 180 AVE # 563 |  |
| CITY-ST-ZIP    | MIAMI FLORIDA 33187    |  |
| TITLE          | VICE PRESIDENT         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MAHNKE, BONNIE         |  |
| STREET ADDRESS | 19800 SW 180 AVE       |  |
| CITY-ST-ZIP    | MIAMI FL 33187         |  |
| TITLE          | MD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ESKAU THOMAS           |  |
| STREET ADDRESS | 19800 SW 180 AVE #251  |  |
| CITY-ST-ZIP    | MIAMI FL 33187         |  |
| TITLE          | SECRETARY              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | White, William         |  |
| STREET ADDRESS | 19800 SW 180 AVE #036  |  |
| CITY-ST-ZIP    | MIAMI, FL 33187        |  |
| TITLE          | TREASURER              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PASSINO, MARK          |  |
| STREET ADDRESS | 19800 SW 180 AVE # 246 |  |
| CITY-ST-ZIP    | MIAMI FL 33187         |  |
| TITLE          | MD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ERICSON, MARY ANN      |  |
| STREET ADDRESS | 19800 SW 180 AVE # 337 |  |
| CITY-ST-ZIP    | MIAMI FL 33187         |  |

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

Date

Daytime Phone #