## 2003 NOT-FOR-PROFIT CORPORATION

## Apr 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 745930 04-09-2003 90102 030 \*\*\*\*61.25 1. Entity Name CENTRE COURT AT KENDALL CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address % J.PM SERVICES % J PM SERVICES PO BOX 820210 PO BOX 820210 SOUTH FLORIDA FL 33082-0210 SOUTH FLORIDA FL 33082-0210 3. Mailing Address 2. Principal Place of Business 0. Box 960606 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1916044 Applied For City & State City & State. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ADG Fee Required DA06 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ **BECKER & POLIAKOFF, PA** Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LAGOON DR. #100 ROSA DELA CAMARA **MIAMI FL 33126** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatu nd title if applicable 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change Addition TITLE REMBERTO, CABRERA NAME NAME 8380 SW 154 AVE #60 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-7/P TITLE □ Detete TITLE Change Addition SCHNEIDER, MEL NAME NAME 8380 SW 154 AVE #58 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP Ø Addition TITLE ☐ Defete TITLE ☐ Change TONKS, MILDRED NAME NAME 8340 SW 154TH AVE, #65 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 Delete TITLE ☐ Change Addition TITLE LOPEZ, SANDRA NAME NAME 8330 SW 154 AVE #39 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TALBOT, BOB NAME NAME STREET ADDRESS 8320 SW 154 AVE STE 33 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATZ, SAM NAME NAME

12. Thereby 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 eath; 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 an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

8380 SW 154 AVE #59

**MIAMI FL 33193** 

**FILED**