

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-02-2001 90119 001 ****61.25
 02-02-2001 90119 002 *****8.75

DOCUMENT # 745936

1. Entity Name

L'HERMITAGE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2000 S.BAYSHORE DR.
 MIAMI FL 33133**

**2000 S.BAYSHORE DR.
 MIAMI FL 33133**

24373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2089772

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADLER, IRWIN
 2601 SOUTH BAYSHORE DRIVE
 SUITE 1475
 MIAMI FL 33133**

Name **SWEENEY, ALLEN**
 Street Address (P.O. Box Number is Not Acceptable)
2000 SOUTH BAYSHORE DRIVE
 City **MIAMI** FL Zip Code **33133**

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 *Allen Sweeney*

PRESIDENT

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 type="checkbox"/> Delete
NAME	SWEENEY, ALLEN	
STREET ADDRESS	2000 SOUTH BAYSHORE DR # 50	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNETT, STANLEY	
STREET ADDRESS	2000 SOUTH BAYSHORE DR #45	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, MARCHANT	
STREET ADDRESS	2000 SOUTH BAYSHORE DR # 08	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEENEY, JAMES	
STREET ADDRESS	2000 SOUTH BAYSHORE DR # 51	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JOANNE	
STREET ADDRESS	2000 S BAYSHORE DR # 7	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, HELEN	
STREET ADDRESS	2000 S BAYSHORE DR #30	
CITY-ST-ZIP	MIAMI FL 33133	

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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS GRETCHEN TUNKEY	
STREET ADDRESS	2000 SOUTH BAYSHORE DR. #65	
CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. NORMAN ALTMAN	
STREET ADDRESS	2000 SOUTH BAYSHORE DR. # 04	
CITY-ST-ZIP	MIAMI, FL. 33133	

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: *Allen Sweeney*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-854-7548
 Date Daytime Phone #

CR2E037 (10/00)