

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-27-2003 90150 007 ****61.25

DOCUMENT # 751021

1. Entity Name
VECINO DEL MAR OWNERS' ASSOCIATION, INC.



Principal Place of Business
**2350 N.E. 135 STREET
NORTH MIAMI FL 33181**

Mailing Address
**2950 N 28TH TERRACE
HOLLYWOOD FL 33020**

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **65-0642558**
Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PIETRAFETTE, JAY
2950 N 28TH TERRACE
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Richard Stanton**
Street Address (P.O. Box Number is Not Acceptable) **2 Alhambra Plaza # 508**
Coral Gables
City **FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEL CAMPILLO, MIGUEL	
STREET ADDRESS	2350 N.E. 135 STREET, #1207	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TORRES, SANDRA	
STREET ADDRESS	2350 NE 135 ST 805	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORALES, FRANKLIN	
STREET ADDRESS	10651 S.W. 113 FL, #EC	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITEBROOK, DEBRA	
STREET ADDRESS	2350 N.E. 135 STREET, 1211	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRASSO, CHARLES	
STREET ADDRESS	2350 N.E. 135 STREET, #1409	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVOA, MARIO	
STREET ADDRESS	2350 NE 135 ST 1501	
CITY-ST-ZIP	NORTH MIAMI FL 33181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Perdomo P	
STREET ADDRESS	2350 NE 135 ST #804	
CITY-ST-ZIP	No. mia, Fla 33181	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADYS Abreu VPO	
STREET ADDRESS	2350 NE 135 ST #1204	
CITY-ST-ZIP	No. mia, Fla 33181	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES GRASSO T	
STREET ADDRESS	2350 NE 135 ST #1409	
CITY-ST-ZIP	No. mia, Fla 33181	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA PAPADOPULOS S	
STREET ADDRESS	2350 NE 135 ST #412	
CITY-ST-ZIP	No. mia, Fla 33181	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO NOVOA D	
STREET ADDRESS	2350 NE 135 ST 1501	
CITY-ST-ZIP	No. mia, Fla 33181	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Humberto Delgado	
STREET ADDRESS	2350 NE 135 ST #702	
CITY-ST-ZIP	No. mia, Fla 33181	

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 305 919-9094
Date Daytime Phone #

CR2E037 (10/02)