

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90102 034 ****61.25

DOCUMENT # 753109

1. Entity Name

NORTH MIAMI WESTSIDE PROPERTY OWNERS ASSOCIATION

Principal Place of Business

Mailing Address

P.O. BOX 680-057
 N. MIAMI FL 33168

P.O. BOX 680-057
 N. MIAMI FL 33168-0057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0021706

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, GALVIN
13506 NE 24TH CT
N. MIAMI FL 33161

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, GLORIA	
STREET ADDRESS	1065 N.W. 126TH ST	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, JUDY	
STREET ADDRESS	1100 N.W. 128TH ST	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COX, JAMES REV	
STREET ADDRESS	755 N.W. 125 ST	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATT, MADELINE	
STREET ADDRESS	1020 NW 120TH ST	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUMFORD, RED	
STREET ADDRESS	750 N.W. 134TH ST	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARKE, CLARENCE	
STREET ADDRESS	905 NW 133RD ST	
CITY-ST-ZIP	N. MIAMI FL 33168	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence Merke	
STREET ADDRESS	905 N.W. 133 St	
CITY-ST-ZIP	North Miami, FL. 33168	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Seifried	
STREET ADDRESS	12665 N.W. 8th Ave.	
CITY-ST-ZIP	North Miami, Fla. 33168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara King	
STREET ADDRESS	13450 N.W. 11th Ave.	
CITY-ST-ZIP	North Miami, FL. 33168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duke Sorey	
STREET ADDRESS	1075 N.W. 128 St.	
CITY-ST-ZIP	North Miami, FL. 33168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas McLeary	
STREET ADDRESS	12715 N.W. 8th Ave.	
CITY-ST-ZIP	North Miami, FL. 33168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Mumford	
STREET ADDRESS	750 N.W. 134th St	
CITY-ST-ZIP	North Miami, FL. 33168	

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: Clarence Merke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARENCE MERKE 1-25-2000 305 681-555

Date

Daytime Phone #