

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90032 007 ****61.25

DOCUMENT # 753109

1. Entity Name

NORTH MIAMI SUNKIST GROVE HOMEOWNER'S ASSOCIATIO

Principal Place of Business

Mailing Address

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

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

900144



DO NOT WRITE IN THIS SPACE

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

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
 NAME MERKE, CLARENCE Delete
 STREET ADDRESS 905 N.W. 133 ST
 CITY-ST-ZIP MIAMI FL 33168

TITLE PD Change Addition
 NAME Sorey, Duke
 STREET ADDRESS 1075 N. W. 128 St.
 CITY-ST-ZIP N. Miami, Fl. 33168

TITLE SD Delete
 NAME BROWN, JUDY
 STREET ADDRESS 1100 N.W. 128TH ST
 CITY-ST-ZIP NORTH MIAMI FL 33168

TITLE VD Change Addition
 NAME Merke, Clarence
 STREET ADDRESS 905 N. W. 133 St
 CITY-ST-ZIP N. Miami, Fl. 33168

TITLE D Delete
 NAME KING, BARBARA
 STREET ADDRESS 13450 N.W. 11TH AVE
 CITY-ST-ZIP MIAMI FL 33168

TITLE SD Change Addition
 NAME Mumford, Joyce
 STREET ADDRESS 750 N. W. 134 St
 CITY-ST-ZIP N. Miami, Fl. 33168

TITLE TD Delete
 NAME WATT, MADELINE
 STREET ADDRESS 1020 NW 120TH ST
 CITY-ST-ZIP NORTH MIAMI FL

TITLE TD Change Addition
 NAME Watt, Madeline
 STREET ADDRESS 1020 N. W. 120th St.
 CITY-ST-ZIP N. Miami, Fl. 33168

TITLE D Delete
 NAME MUMFORD, RED
 STREET ADDRESS 750 N.W. 134TH ST
 CITY-ST-ZIP NORTH MIAMI FL 33168

TITLE D Change Addition
 NAME McLeary, Thomas
 STREET ADDRESS 12715 N. W. 8th Ave.
 CITY-ST-ZIP N. Miami, Fl. 33168

TITLE D Delete
 NAME MUMFORD, JOYCE
 STREET ADDRESS 750 N.W. 134TH ST
 CITY-ST-ZIP MIAMI FL 33168

TITLE D Change Addition
 NAME King, Barbara
 STREET ADDRESS 13450 N. W. 11th Ave.
 CITY-ST-ZIP N. 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date: _____ Daytime Phone #: _____

CR2E037 (10/00)