

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90034 031 ****61.25

DOCUMENT # 753109

1. Entity Name

**NORTH MIAMI SUNKIST GROVE HOMEOWNER'S ASSOCIATIO
 N, INC.**

Principal Place of Business

Mailing Address

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SOREY, DUKE**
 STREET ADDRESS **1075 N W 128 ST**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCLEARY, THOMAS**
 STREET ADDRESS **12715 N W 8TH AVE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Madeline Watt* **REQUIRED**

3-16-02

305 688 8076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)