

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754639

1. Entity Name

THE GARDENS OF KEY BISCAYNE ALHAMBRA ASSOCIATION

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90112 039 ****61.25

Principal Place of Business Mailing Address
14275 SW 142 AVE. 14275 SW 142 AVE.
MIAMI FL 33186 959 CRANDON BLVD
MIAMI FL 33186-6715
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
14275 SW 142 AVE

City & State City & State
Miami FL.

Zip Country Zip Country
33186 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2024768 Applied For Not Applicable

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
POFFENBURGER, MARK A
959 RANDON BLVD
KEY BISCAYNE FL 33149
Name: SIEGFRIED, RIVERA, LERNER, DE LA TORRE / SOBEL
Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE SUITE 1102
City: CORAL GABLES FL Zip Code: 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.

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	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, HELEN		NAME	JACKIE RADICE	
STREET ADDRESS	241 E ENID DR		STREET ADDRESS	255 EAST ENID DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FLA. 33149	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAUGHN, JOAN		NAME	EDUARDO BLANCO	
STREET ADDRESS	207 E ENID DR		STREET ADDRESS	145 EAST ENID DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVERA, JOYCE		NAME	MANUEL ARIAS	
STREET ADDRESS	203 ENID DR		STREET ADDRESS	217 EAST ENID DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM		NAME		
STREET ADDRESS	125 E ENID DR		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, LINDA		NAME	LINDA MARKS	
STREET ADDRESS	129 E ENID DR		STREET ADDRESS	129 EAST ENID DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FL. 33149	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ENRIQUE		NAME	ENRIQUE GARCIA	
STREET ADDRESS	105 E ENID DR		STREET ADDRESS	105 EAST ENID DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	KEY BISCAYNE. FL 33149	

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: MANUEL F. ARIAS PRESIDENT 01/17/00 (305) 444-6035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #