

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90440 009 \*\*\*\*61.25

**DOCUMENT # 763583**



1. Entity Name  
**DESERT INN CLUB I CONDOMINIUM ASSOCIATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>INC.<br/>17141 COLLINS AVE.<br/>NORTH MIAMI BEACH FL 33160-3617<br/>US</b> | Mailing Address<br><b>INC.<br/>17141 COLLINS AVE.<br/>NORTH MIAMI BEACH FL 33160-3617<br/>US</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



CHECK HERE IF MAKING CHANGES

|                                 |                |
|---------------------------------|----------------|
| 4. FEI Number <b>59-2473446</b> | Applied For    |
|                                 | Not Applicable |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**LEIB, LEONARDO  
290 174TH STREET  
APT 1509  
MIAMI BEACH FL 33160**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete                       |
| NAME           | <b>LEIB, LEONARDO</b>  |
| STREET ADDRESS | <del>290 174TH STREET, APT 1509</del> <b>17141 COLLINS AVE</b> |
| CITY-ST-ZIP    | <del>MIAMI BEACH FL 33160</del> <b>Sunny Isles Fl 33160</b>    |
| TITLE          | <b>VPTD</b> <input type="checkbox"/> Delete                    |
| NAME           | <b>TACORONTE, CARMEN</b>                                       |
| STREET ADDRESS | <b>2353 SW 11TH TERRACE</b>                                    |
| CITY-ST-ZIP    | <b>MIAMI FL 33135</b>  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete                       |
| NAME           | <b>ROSADO, JOSE</b>  |
| STREET ADDRESS | <b>6811 SW 159TH PLACE</b>                                     |
| CITY-ST-ZIP    | <b>MIAMI FL 33193</b>  |
| TITLE          | <input type="checkbox"/> Delete                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 **(X) SIGNATURE REQUIRED**

**2.18.03** **(805) 947.4794**

CR2E037 (10/02)