

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90042 005 ****61.25

DOCUMENT # N01621

1. Entity Name

MONTEGO BAY HOMEOWNERS ASSOCIATION, INC. OF DADE

Principal Place of Business

**9780 SW 216 ST
MIAMI FL 33190**

Mailing Address

**9780 SW 216 ST
MIAMI FL 33190**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2774543

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

**PAIGE, ROBERT E
7000 SW 97 AVE
SUITE 209
MIAMI FL 33173**

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] 1-10-01

03/07/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD BODENMILLER, ROBERT 9780 S W 216 STREET MIAMI FL 33190	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARENDAS, ALBERT 9780 SW 216 STREET MIAMI FL 33190	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGERSOL, TODD 9780 S W 216 STREET MIAMI FL 33190	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIENER, FRED 9780 S W 216 STREET MIAMI FL 33190	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COPA, JIM 9780 S W 216 STREET MIAMI FL 33190	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-01

CR2E037 (10/00)