

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90027 012 ****61.25

DOCUMENT # N11908

1. Entity Name

COUNTRY LAKE PATIO HOMES COMMUNITY ASSOCIATION.

Principal Place of Business

Mailing Address

C/O COUNTRY LAKE PATIO HOMES
 6175 NW. 153 STREET #101
 MIAMI LAKES FL 33014

C/O CASTLE GROUP
 P O BOX 189013
 PLANTATION FL 33318-9013
 US

828159



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

65-0034598

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

~~CASTLE PROPERTY SERVICE GROUP INC~~
 4450 WEST SUNRISE BOULEVARD
 SUITE 100
 PLANTATION FL 33313

Name **Castle Management, Inc.**

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 *Gail H. Sangunett*

Gail H. Sangunett, Vice President

1/28/00

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 Delete
 NAME **PD CHANDLER, KEN**
 STREET ADDRESS **18962 N.W 63 CIRCLE COURT**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SUTTON, NUVA**
 STREET ADDRESS **6490 NW 197 LANE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD WILMA, BERNACE**
 STREET ADDRESS **19911 NW 67 CIRCLE COURT**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **STD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD PADRON, FERNANDO E**
 STREET ADDRESS **18967 NW 63 CT. CIR**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD TAWIL, MAGGIE**
 STREET ADDRESS **19771 NW 64TH PL**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Fernando E. Padron* **Fernando E. Padron, President** 2/29/00 (305) 947-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)