

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 022 ****61.25

DOCUMENT # **N19330**
1. Entity Name
WALTONSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

80056829

2. Principal Place of Business
28106 SW 140th
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 440067
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami FL 3

4. FEI Number
5929 69871

Applied For
 Not Applicable

Zip
33033

Country
USA

Zip
33144

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

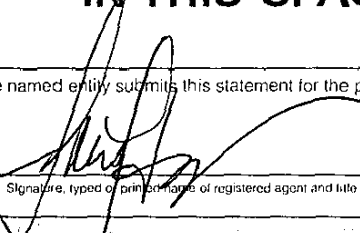
7. Name and Address of Current Registered Agent

Name
Raul Hernandez

Street Address (P.O. Box Number is Not Acceptable)
937-A SW 87 AVENUE

City
MIAMI FL Zip Code
33174

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  **3/7/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gracie S. Sutch 28106 S.W. 140th Court Miami, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Iris Rosales 28015 S.W. 141st Place Miami, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Maria Coto 28101 S.W. 141st Place Miami, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/D Sairo Harces 5574 S.W. 112 Terrace Cooper City, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rael Jarek 16449 S.W. 112 Terrace Miami, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)