

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N48195**

1. Entity Name

**FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90135 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5630 SW 58TH CT  
 DAVIE FL 33314

P.O. BOX 292906  
 DAVIE FL 33329-2906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5520 S.W. 58 Court  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davie, FL

4. FEI Number

65-0347751

Applied For

Not Applicable

Zip  
 33314

Country  
 USA

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

BYRD, CATHERINE  
 5630 SW 58TH CT  
 DAVIE FL 33314

Name  
 Jill Martinez

Street Address (P.O. Box Number is Not Acceptable)  
 5520 S. W. 58 Court

City

Davie

FL

Zip Code  
 33314

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 Jill Martinez, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jill Martinez*

Jan 23, 00

**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	DP	<input type="checkbox"/> Delete
NAME	CASE, SILVIO	
STREET ADDRESS	5600 SW 58TH CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SANCHEZ, RALPH	
STREET ADDRESS	5612 SW 57TH PL	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PAULOZ, JOANNE	
STREET ADDRESS	5503 SW 57TH PL	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BYRD, CATHERINE	
STREET ADDRESS	5630 SW 58TH CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, JILL	
STREET ADDRESS	5520 SW 58TH CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
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		
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: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 (305) 324-3299  
 Date Daytime Phone #

CR2E037 (9/99)