

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90049 041 \*\*\*\*61.25

DOCUMENT # N48195

1. Entity Name

FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC

Principal Place of Business

5520 SW 58TH CT  
DAVIE FL 33314

Mailing Address

P.O. BOX 292906  
DAVIE FL 33329-2906

2. Principal Place of Business

5631 SW 58th Ct.

3. Mailing Address

P.O. Box 292906

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0347751

Applied For

Not Applicable

Zip

33314

Country

U.S.A.

Zip

33329-2906

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JILL  
5520 SW 58TH CT  
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

madeline nance

Street Address (P.O. Box Number is Not Acceptable)

5631 SW 58 Ct

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

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

TITLE DP ☒ Delete  
NAME CASE, SILVIO  
STREET ADDRESS 5600 SW 58TH CT  
CITY-ST-ZIP DAVIE FL 33314

TITLE DVP ☒ Delete  
NAME SANCHEZ, RALPH  
STREET ADDRESS 5612 SW 57TH PL  
CITY-ST-ZIP DAVIE FL 33314

TITLE DS ☐ Delete  
NAME BYRD, CATHERINE  
STREET ADDRESS 5630 SW 58TH CT  
CITY-ST-ZIP DAVIE FL 33314

TITLE T ☐ Delete  
NAME MARTINEZ, JILL  
STREET ADDRESS 5520 SW 58TH CT  
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director/President ☐ Change ☒ Addition  
NAME Sanchez, Ralph  
STREET ADDRESS 5612 SW 57th Place  
CITY-ST-ZIP DAVIE, FL 33314

TITLE Director/Vice-President ☐ Change ☒ Addition  
NAME Victor Suarez  
STREET ADDRESS 5701 SW 58th Ct.  
CITY-ST-ZIP DAVIE, FL 33314

TITLE Director/Secretary & Treasurer ☐ Change ☒ Addition  
NAME madeline nance  
STREET ADDRESS 5631 SW 58 Ct.  
CITY-ST-ZIP DAVIE, FL 33314

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

TITLE ☐ Change ☐ Addition  
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: Madeline Nance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 (954) 389-9888

Date

Daytime Phone #

CR2E037 (10/00)