

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90002 037 ****61.25

DOCUMENT # N48195

1. Entity Name

FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

5631 SW 58 CT
 DAVIE FL 33314

P.O. BOX 292906
 DAVIE FL 33329-2906

2. Principal Place of Business

5630 S. W. 58 Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

33314

Country

Zip

Country

4. FEI Number

65-0347751

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NANCE, MADELINE
 5631 SW 58 CT
 DAVIE FL 33314

7. Name and Address of New Registered Agent

Name
 Catherine Byrd

Street Address (P.O. Box Number is Not Acceptable)
 5630 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

Catherine Byrd

Catherine Byrd, Director/Secretary

1/18/02

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
 DP
 SANCHEZ, RALPH
 5612 SW 57 PL
 DAVIE FL 33314 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Sanchez, Ralph
 5612 S. W. 57 Place
 Davie, FL 33314 Change Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVP
 Case, Silvio
 5600 S. W. 58 Court
 Davie, FL 33314 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVP
 SUAREZ, VICTOR
 5701 SW 58 CT
 DAVIE FL 33314 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 Suarez, Victor
 5701 S. W. 58 Court
 Davie, FL 33314 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 NANCE, MADELINE
 5631 SW 58 CT
 DAVIE FL 33314 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 Nance, Madeline
 5631 S. W. 58 Court
 Davie, FL 33314 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:

Catherine Byrd Catherine Byrd

1/18/02 305-324-3299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)