

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91592 047 \*\*\*\*61.25

**DOCUMENT # N93000005039**

1. Entity Name

**THE LAS ENTRADAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**C/O TERRY HABIG  
 1081 NW 115 AVE  
 PLANTATION FL 33234  
 US**

Mailing Address

**C/O TERRY HABIG  
 1081 NW 115 AVE  
 PLANTATION FL 33234  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**HABIG, TERRY  
 1081 NW 115TH AVE  
 PLANTATION FL 33323**

Name

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 \_\_\_\_\_

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	DAVIS, MIKE	1101 NW 115 AVE	PLANTATION FL 33323	<input checked="" type="checkbox"/>	DD	HILLARD, DOUG	1121 NW 115 AVE	PLANTATION, FL 33323	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VD	DAVIES, MATT	1261 NW 115TH AVE	PLANTATION FL 33323	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	KARKELLA, HILDA	1141 NW 115 AVE	PLANTATION FL 33323	<input checked="" type="checkbox"/>	TD	HABIG, RANDALL	1081 NW 115 AVE.	PLANTATION, FL 33323	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	HABIG, TERRY	1081 NW 115 AVE	PLANTATION FL 33323	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:** *Randall Habig* **SIGNATURE REQUIRED** *RANDALL HABIG* **4/16/02** **954-236-9220**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)