

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90116 022 ****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**
65-0560786 Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
PD	HILLARD, DOUG 1121 NW 115 AVE PLANTATION FL 33323		
VD	DAVIES, MATT 1261 NW 115TH AVE PLANTATION FL 33323		
TD	HABIG, RANDALL 1081 NW 115 AVE PLANTATION FL 33323	TD	DAVIS, K. Michael 1101 N.W. 115th Ave PLANTATION FL 33323
SD	HABIG, TERRY 1081 NW 115 AVE PLANTATION FL 33323		

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]* 2-22-03 305-507-4327

CR2E037 (10/02)