

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001416

1. Entity Name

HABITAT VILLAS COMMUNITY ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90125 039 ****61.25

Principal Place of Business 9745 SW 72 ST 211 MIAMI FL 33173 US	Mailing Address PO BOX 832557 MIAMI FL 33283-2557 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0483394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

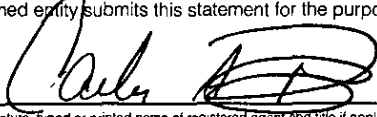
6. Name and Address of Current Registered Agent

RAMIREZ, CARLOS A.
C/O C.A.R. PROP MNGMNT
9725 SW 72 ST #211
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name: **Habitat Villas**
 Street Address (P.O. Box Number is Not Acceptable): **210 Complete & Reliable**
7100 S.W. 99 Ave #204
 City: **Miami, FL** Zip Code: **33173**

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:  **Carlos A. Ramirez, Manager** DATE: **1-12-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	12214 SW 203 TERR	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, SHIRLEY	
STREET ADDRESS	20174 SW 122 CT EAST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VARNER, JOHN	
STREET ADDRESS	12272 SW 202 ST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WASHINGTON, HAYLA LISA	
STREET ADDRESS	20153 SW 122 CT EAST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Valerie Weathers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	20247 S.W. 122ct East	
CITY-ST-ZIP	Miami, FL 33177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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)(l), 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:  DATE: **1-12-2000** DAYTIME PHONE #: **305-598-4068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)