

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**


2/3

02-03-2003 90159 020 \*\*\*\*61.25

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

**DOCUMENT # N94000001416**

1. Entity Name  
**HABITAT VILLAS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**9745 SW 72 ST  
 211  
 MIAMI FL 33173  
 US**

Mailing Address  
**PO BOX 632557  
 MIAMI FL 33283  
 US**

JJU11004



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**C+R Management**

3. Mailing Address  
**7100 S.W 99 Ave #204**

Suite, Apt. #, etc.  
**7100 S.W 99 Ave**

City & State  
**Miami, FL 33173**

City & State  
**Miami, FL 33173**

Zip  
**33173**

Country  
**USA**

Zip  
**33173**

Country  
**USA**

4. FEI Number **65-0483394** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**VILLAS, HABITAT  
 C/O COMPLETE RELIABLE  
 7100 S.W 99 AVE #204  
 MIAMI FL 33173**

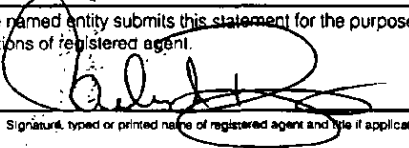
7. Name and Address of New Registered Agent

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  **Carlos A. Ramirez** 1/30/03

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**

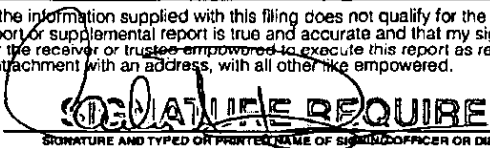
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, CHARLES 12214 SW 203 TERR MIAMI FL 33177</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, SHIRLEY 20174 SW 122 CT EAST MIAMI FL 33177</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WASHINGTON, HAYLA LISA 20153 SW 122 CT EAST MIAMI FL 33177</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEATHERS, VALERIE 20247 S.W. 122CT EAST MIAMI FL 33177</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEATHERS, JUNE 12222 SW 203ST MIAMI FL 33177</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Wilson Shirley</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20174 S.W 122ct E    Miami, Florida 33177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Maria Ramos</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2020 S.W 203 st    Miami, FL 33177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Judy Hess</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o CAR Mgmt    7100 S.W 99 Ave, 204    Miami, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE REQUIRED** 1/30/03 305-598-4068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)