# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2000 8:00 am**
**Secretary of State**
05-17-2000 90951 046 ****61.25

DOCUMENT # N96000001108

1. Entity Name

LAKE KATHERINE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 318 INDIAN TRACE<br>SUITE 430<br>WESTON, FL 33326 | 318 INDIAN TRACE<br>SUITE 430<br>WESTON, FL 33326 |

100880

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7711 SW 62 AVENUE | 7711 SW 62 AVENUE |
| Suite, Apt. #, etc.: SUITE #203 | Suite, Apt. #, etc.: SUITE #203 |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33143 Country: USA | Zip: 33143 Country: USA |

4. FEI Number: 65-0871238 ☐ 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 |
|---|---|
| BRITO, LEONARDO F. PA<br>318 INDIAN TRACE<br>SUITE 430<br>WESTON, FL 33326 | Name: JOHN S. PHILLIPS<br>Street Address (P.O. Box Number is Not Acceptable): 7711 SW 62 AVENUE #203<br>City: MIAMI FL Zip Code: 33143 |

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: John S. Phillips JOHN S. PHILLIPS 4/27/00
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 | D<br>LAROSA, ANDREW<br>318 INDIAN TRACE<br>WESTON, FL 33326 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | D/P<br>SUSY KANNER<br>6159 MIAMI LAKES DR. EAST<br>MIAMI LAKES, FL 33014 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | D<br>TORRE, VENANCIO<br>318 INDIAN TRACE<br>WESTON, FL 33326 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | D/S<br>FRANK BECK<br>6183 MIAMI LAKES DR. EAST<br>MIAMI LAKES, FL 33014 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | D<br>EDELMAN, KENNETH<br>318 INDIAN TRACE<br>WESTON, FL 33326 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | D/T<br>EDWARD GARCIA<br>6163 MIAMI LAKES DR. EAST<br>MIAMI LAKES, FL 33014 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** _____ 4/27/2000 305-823-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32380F.1