

2001 UNIFORM BUSINESS REPORT (UBR)

4/6/

FILED
May 03, 2001 8:00 am
Secretary of State

04-06-2001 90058 026 ****61.25

DOCUMENT # N96000001179

1. Entity Name

HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

760 NW 107TH AVENUE
 SUITE 201
 MIAMI FL 33172

760 NW 107TH AVENUE
 SUITE 201
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

J. M. Condo Management
 Suite, Apt. & Maintenance, Inc.
 275 Fontainebleau Blvd., Suite 200
 City & State Miami, FL 33172

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 City & State Miami, FL 33172

4. FEI Number **65-0650897**

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

PAIGE, ROBERT ESQ
 11440 NORTH KENDALL DRIVE
 PENTHOUSE 400
 MIAMI FL 33170

Name **Michael E. Rehr, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
9500 S. Dadeland Blvd. Suite 550
 City **Miami** FL **33156**

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

[Handwritten Signature]

4/23/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, PATRICIA	
STREET ADDRESS	760 NW 107 AVE #201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ALEX	
STREET ADDRESS	760 N.W. 107 AVE., #201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, DEANNA	
STREET ADDRESS	760 NW 107 AVE #201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO MONCADA	
STREET ADDRESS	275 FONTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TREASURER/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIAN COSTO	
STREET ADDRESS	275 FONTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SECRETARY/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELA ROMO	
STREET ADDRESS	275 FONTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)