

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90243 044 ****61.25

DOCUMENT # N96000004996

1. Entity Name

BRIGHTON'S MEADOW LANDINGS HOMEOWNERS' ASSOCIATI

Principal Place of Business

Mailing Address

4073 SW 149TH PL
 SUITE 400
 MIAMI FL 33126
 US

7200 NW 7TH ST
 3RD FL
 MIAMI FL 33126-2941
 US

2. Principal Place of Business

111 Fountainebleau Blvd

3. Mailing Address

111 Fountainebleau Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33172

City & State

Miami, FL 33172

4. FEI Number

65-0792828

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
 20801 BISCAYNE BOULEVARD
 SUITE 501
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle; Suite 1102

City

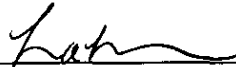
Coral Gables,

FL

Zip Code
 33134

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 SKRLD, INC. BY LISA LERNER



, SECRETARY

4-12-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STIEGELE, ROBERT	
STREET ADDRESS	7200 NW 7TH ST STE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, LISA	
STREET ADDRESS	7200 NW 7TH ST STE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	RABIN, MICHAEL	
STREET ADDRESS	7200 NW 7TH ST STE 300	
CITY-ST-ZIP	MIAMI FL 33126	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D Erick R. Tejera	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13987 SW 149th Place	
STREET ADDRESS	Miami, FL 33203	
CITY-ST-ZIP		
TITLE	VP/D June Wolfson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13865 SW 151 Ave	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE	S/D Alex Fernandez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7380 SW 48th Street	
STREET ADDRESS	Miami, FL 33155	
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		<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:  4/11/00 305-969-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)