

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006957

1. Entity Name

SAN MARINO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90146 017 ****61.25

Principal Place of Business

Mailing Address

1201 JOHNSON STREET
HOLLYWOOD FL 33019

1201 JOHNSON STREET
HOLLYWOOD FL 33019-1044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0828731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEIDT, MICHAEL ESQ
4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH
HOLLYWOOD FL 33020

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.

SIGNATURE

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 ☐ Delete
NAME REIBEL, ALBERT
STREET ADDRESS 1201 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BLUMBERG, LESLIE J
STREET ADDRESS 1201 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VASD ☐ Delete
NAME STONE, NANCY
STREET ADDRESS 1201 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

San Marino Village Homeowners' Association Inc.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

954 929 1079

Date

Daytime Phone #

CR2E037 (9/99)