

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 737127**

1. Entity Name

**EAST WIND LAKE VILLAGE CONDOMINIUM ASSOCIATION.**

Principal Place of Business

275 FONTAINEBLEAU BLVD  
#200  
MIAMI FL 33172

Mailing Address

275 FONTAINEBLEAU BLVD  
#200  
MIAMI FL 33172-4576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1721248**

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

**TRIAY, CARLOS**  
**999 PONCE DE LEON BLVD.**  
**#110**  
**CORAL GABLES FL 33134**

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 **VAQUERO, ROLANDO**  
STREET ADDRESS **463 NW 98 CT**  
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **VPD** ☐ Delete  
NAME **SAEIZ, ALEJANDRINA**  
STREET ADDRESS **9740 NW 4 LANE**  
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **TD** ☐ Delete  
NAME **CROMWELL, THADEEUS**  
STREET ADDRESS **9809 NW 4 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **SD** ☐ Delete  
NAME **SALHUANA, JORGE**  
STREET ADDRESS **650 NW 98 CT**  
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **D** ☐ Delete  
NAME **RODRIGUEZ, OLIBIO**  
STREET ADDRESS **470 NW 98 CT.**  
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **D** ☐ Delete  
NAME **GRAVES, JAMES A**  
STREET ADDRESS **492 NW 98 CT.**  
CITY-ST-ZIP **MIAMI FL 33172**

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

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:

*ROLANDO VAQUERO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/14/00*  
Date

*(305) 575-2008*  
Daytime Phone #

CR2E037 (9/99)