

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36151

1. Entity Name

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90213 030 ****61.25
04-20-2000 90018 025 ****61.25

Principal Place of Business

Mailing Address

LAKES ON THE GREEN HOMEOWNERS" ASSOCIATION INC
C/o DCI

2901 Simms Street
Hollywood, FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1730943

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **PRES**
NAME
STREET ADDRESS
CITY-ST-ZIP

George Fernandez ☐ Delete
9071 NW 190 Street
Miami, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TR**
NAME
STREET ADDRESS
CITY-ST-ZIP

Pedro Gonzales ☐ Delete
8986 NW 188 Terrace
Miami, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SEC**
NAME
STREET ADDRESS
CITY-ST-ZIP

Cynthia Fluhart ☐ Delete
8741 NW 189 Terrace
Miami, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DIR**
NAME
STREET ADDRESS
CITY-ST-ZIP

Werner Boeglin ☐ Delete
8801 NW 189 Terracw
Miami, Fla 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DIR**
NAME
STREET ADDRESS
CITY-ST-ZIP

Felipe Bestini ☐ Delete
18752 NW 90 Avenue
Miami, Fl 33015

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)