2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am **DOCUMENT # 737127 Secretary of State** 1. Entity Name EAST WIND LAKE VILLAGE CONDOMINIUM ASSOCIATION. 03-13-2002 90057 024 ****61.25 INC. Principal Place of Business Mailing Address 275 FONTAINEBLEAU BLVD 275 FONTAINEBLEAU BLVD AMI, FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1721248 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) TRIAY, CARLOS 999 PONCE DE LEON BLVD. #110 City Zip Code CORAL GABLES FL 33134 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CR2E037 (9/01) TITLE ☐ Delete TITLE Change VAQUERO, ROLANDO NAME BIS FontainebleAU Blud # 200 STREET ADDRESS STREET ADDRESS 463 NW 98 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete NAME SAEIZ. ALEJANDRINA ans Fortainebleau Blud &200 STREET ADDRESS STREET ADDRESS 9740 NW 4 LANE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE" TD -Delete TITLE NAME CROMWELL, THADEEUS NAME ans forthing bleau and #200 STREET ADDRESS STREET ADDRESS 9809 NW 4 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete TITLE NAME SALHUANA, JORGE NAME ags forthineble AU Blvd #200 650 NW 98 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE Change ☐ Addition ☐ Delete TITLE RODRIQUEZ, OLIBIO NAME MARKE Aineble Au Alvd #200 STREET ADDRESS STREET ADDRESS 470 NW 98 CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete TITLE TITLE Change ☐ Addition NAME GRAVES, JAMES A NAME 305 Fontainebleau Blud #200 STREET ADDRESS 492 NW 98 CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 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.

FILED