

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90114 046 ****61.25

DOCUMENT # 725206

1. Entity Name STAR LAKE NORTH COMMODORE ASSN.

DO NOT WRITE IN THIS SPACE

50054505

2. Principal Place of Business
19305 NE 2ND Avenue

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Beach

City & State

4. FEI Number 59 484 489

Applied For
Not Applicable

Zip 33179

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lorraine Lewis

Street Address (P.O. Box Number is Not Acceptable) 19305 NE 2 Avenue #2319

North Miami Beach

City

FL

Zip Code 33179

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Lorraine Lewis
19305 NE 2 Avenue # 2319
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Sonia Santos
19305 NE 2 Avenue # 2303
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gerard Ahing, Treasurer Asst.
19305 NE 2ND Ave. # 2307
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Odessa Elam
19305 NE 2 Avenue, # 2302
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

L Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05

Date

305-653-5299

Daytime Phone #

CR2E037B (12/01)