

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90069 017 \*\*\*\*61.25

**DOCUMENT # N29022**

1. Entity Name

**ANGELICA GARDENS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

**8440 NW 190 TERR  
HIALEAH FL 33015-5370  
US**

Mailing Address

**8440 NW 190 TERR  
HIALEAH FL 33015-5370  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0133276**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **PERULLAS, MIGUEL**  
STREET ADDRESS **19045 NW 85 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VD** ☐ Delete  
NAME **HEALY, JOHN F III**  
STREET ADDRESS **8497 NW 191 STREET**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **TD** ☐ Delete  
NAME **PUGLIESE, MYRIAM**  
STREET ADDRESS **8263 NW 188 TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Delete  
NAME **RAHE, CHRISTINE**  
STREET ADDRESS **18834 NW 83 CT**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ Delete  
NAME **BSALES, ALEX**  
STREET ADDRESS **18810 NW 84 AVE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☒ Delete  
NAME **HERNANDEZ, MARIO**  
STREET ADDRESS **8463 NW 189 STREET RD**  
CITY-ST-ZIP **MIAMI FL 33015**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition  
NAME **NORDHAGEN, DAVID**  
STREET ADDRESS **8489 NW 191 STREET**  
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **PUGLIESE, MYRIAM**  
STREET ADDRESS **8263 NW 188 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **SD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

**JOHN F. HEALY III, VP** 1-18-03 (305) 740-8442

CR2E037 (10/02)