2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724271

1. Entity Name

LUDLUM LAKE ASSOCIATION INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90186 015 ****70.00

Principal Place of Business	Mailing Address
6703 N.W. 169TH STREET HIALEAH FL 33015	6703 N.W. 169TH STREET HIALEAH FL 33015-4207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1418726 ☐ 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
DAVIES, DALE T 6707 NW 169TH A305 HIALEAH FL 33015	Name: GONZALEZ, HECTOR Street Address (P.O. Box Number is Not Acceptable): 6705 NW 169th Street C-207 City: HIALEAH **FL** Zip Code: 33015

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] HECTOR GONZALEZ FEBRUARY 21, 2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORELLI, FERRUCCIO 6701 NW 169TH ST B-205 HIALEAH FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MORELLI, FERRUCCIO 6701 NW 169th St., B-205 HIALEAH FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIES, DALE T 6707 NW 169TH A305 HIALEAH FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D GONZALEZ, HECTOR 6705 NW 169th ST, C-207 HIALEAH FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CROST, RICHARD 6701 NW 169 ST #B308 HIALEAH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORELLI, MARIA Q. 6701 NW 169TH ST B-205 HIALEAH FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GONZALEZ, HECTOR 6705 NW 169TH ST C-207 HIALEAH FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRUNA, MARIA 6707 NW 169th St, A-101 HIALEAH FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COBELO, FRANK 6703 NW 169TH ST HIALEAH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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] SECRETARY, (MARIA Q. MORELLI) 02/21/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305-822-6392