

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 724391

1. Corporation Name

HOWARD DRIVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

8420 S W 140 ST MIAMI FL 33158 8420 S W 140 ST MIAMI FL 33158

2a. Mailing Address



05-06-1999 90153 008 ****61.25

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Date Incorporated or Qualifed

09/20/1972

2 ()		120			_							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4.	FEI Number 59-2350499			lied For Applicable	
City 9 Ctot		City & State					5. Certificate of Status Desired			\$8.75 Additional		
City & Stat	е	28					5. Certifcate of Status Desired			Fee Required		
Zip	Country	Zip					6. Election Campaign Finance			\$5.00	/av Be	
24	25	29	Γ	30				Trust Fund Contribution		Added to		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
					1	Name						
POORMAN, JOHN H					-	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
8420 SW 140 ST.					82 Street Address (P.O. Box Number is Not Acceptable)							
	•			8	3							
MIAMI FL 33158												
				8-	4	City			FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508	, Florida Statute	s, the abo	ve-	named corpor	ation	submits this statement for the	purpose of c	hanging its r	egistered	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered												
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	, (NOTE:	Registered Ag	pent s	signature required w	men re	einstating)	DATE			
12.	OFFICERS AND	DIRECTORS		13.			Α	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE			_			Change	☐ Addition	
NAME	SAGE, THOMAS E			1.2 NAME	E						ļ	
STREET ADDRESS	14011 S W 85 AVE			1.3 STRE	ETA	ODRESS						
CITY-ST-ZIP	MIAMI FL 33158			1.4 CITY-	-st-	ŻΙΡ	_					
TITLE	SD	☐ DELETE 2.11			•					☐ Change	☐ Addition	
NAME	POORMAN, PAULA D.	RMAN, PAULA D. 221		2.2 NAME	2.2 NAME						Ì	
STREET ADDRESS	8420 S W 140TH ST 23S			2.3 STRE	3 STREET ADDRESS						,	
CITY-ST-ZIP	MIAMI FL 33158			2.4 CITY	4 CITY-ST-ZIP							
TITLE	PT		☐ DELETE	3.1 TITLE	E					Change	☐ Addition	
NAME	Poorman, John H.			3.2 NAME	E							
STREET ADDRESS	8420 S W 140 ST			3.3 STRE	ΕTA	DORESS						
CITY-ST-ZIP	MIAMI FL 33158			3.4. CITY	'-ST-	ZIP		······································				
TITLE	V		☐ DELETE	4.1 TITLE	Ē					☐ Change	☐ Addition	
NAME	SIRGANY, YVONNE			4, 2 NAM								
STREET ADDRESS	8460 SW 140TH ST.	1		4.3 STRE	ΕſΑ	ODRESS						
CITY-ST-ZIP .	MIAMI FL 33158			4.4 CITY-		ZIP					A delition	
TITLE	D		☐ DELETE	5.1 TITLE 5.2 NAME						Change	Addition	
NAME	GRIGSBY, LORRAINE	MINIC									{	
STREET ADDRESS	8421 SW 140TH ST			5.3 STRE		1						
CITY-\$1-ZIP	MIAMI FL 33158			5.4 C/TY-		ZIP			·	Change	☐ Addition	
TITLE			☐ DELETE	6.1 TITLE		\				Change	Addition	
NAME				6.2 NAME							Ì	
STREET ADDRESS				6.3 STRE		1						
CITY ST ZID	6.4				-81-	ZJP					ţ.	

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachigent with an address, with all other like empowered.

SIGNATURE:

ATTICE RESOLUTION AND OFFICER OF DIRECTOR

4/30/99

35 5777488 Daytime Phone # DODE037 (11/08)

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