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

## **DOCUMENT # 728754**

1. Entity Name

## GREENGLADE VILLAS HOMEOWNERS' ASSOCIATION, INC.



FILED
Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90133 042 \*\*\*\*61.25

Principal Place of Business 13116 S.W. 20TH TERRACE MIAMI FL 33175				Mailing Address 13116 S.W. 20TH TERRACE MIAMI FL 33175					*( <b>88</b> )	<b>a: 4:4</b> :2 <b>4:2</b> :1	1/2/1 <b>1/2/1</b> 4/1	1(† <b>8(8</b> †) 18 <b>2</b> )	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			C	City & State				4. FEI Number	59-1539278		Applied For Not Applicable		
Zip		Country	Z	p	Cou	ıntry	<u>-</u>	≃ <b>5.</b> -Gertificate of 5	Status Desired>		8.75 Add		]
<del></del>	f 6 Name	and Address of Current	Register	ed Agent	<u> </u>	<del></del> -		7. Name and Ad	dress of New Reg		e Require	<u> </u>	-
	· O. IVAIIIO	and Address of Carrent	noglatei	eu Agent		Name		7. Name and Au	uless of Hen Heg	ilotored Ag	OIK	<u> </u>	1
ESLOBAR, ZUGENIO 13116 S.W. 20TH TERRACE						Street Address (P.O. Box Number is Not Acceptable)						1	
MIAMI FL	_ 33175					City			<del></del>	FL	Zip Cod	e	-
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	i named entit tions of regist	y submits this statement for ered agent.	or the purp	oose of changing its	registere	ва опісе ог	registe	ered agent, or both, in	i the state of Florio	ia. Tamiai	nınar wıdı,	and accept	
											15	~	
SIGNATURE .	Signature typed	or printed name of registered agent	and title if an	plicable (NOT)	F: Registere	d Agent signatu	re reduire	ed when reinstating)		DATE		·- <del></del>	1
·		or printed realized regional digestion	ano mo n ap	, , , , , , , , , , , , , , , , , , ,									4
FILE NOW: FEE IS \$61.25				Election Campaign Finance     Trust Fund Contribution		inancina		\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State			to	1	
i	FILE NOW	: FEE IS \$61.25				-							
10.	FILE NOW	OFFICERS AND DI	RECTORS	Trust Fund C		-	□ — <b>-</b>		Florida	Departn	nent of S	State 	
	D	OFFICERS AND DI	RECTORS	Trust Fund C	Contributi	on.		Added to Fees	Florida	Departm	nent of S	State 	(02)
10. TITLE NAME	D ESCOBAR	OFFICERS AND DI		Trust Fund C	11. TITLE	on.		Added to Fees	Florida	Departm	CTORS IN	State 10	(10/02)
10.	D ESCOBAR	OFFICERS AND DI R, EUGENIO N. 20TH TERRACE		Trust Fund C	11. TITLE NAMI	on.		Added to Fees ADDITIONS/CHANG	Florida	Departn AND DIRE	CTORS IN	State 10	E037 (10/02)
10. TITLE NAME STREET ADDRESS	D ESCOBAF 13116 S.V MIAMI FL	OFFICERS AND DI R, EUGENIO N. 20TH TERRACE 33175		Trust Fund C	11. TITLE NAMI	e E E ET ADDRESS -ST-ZIP		Added to Fees ADDITIONS/CHANG	Florida SES TO OFFICERS	Departm AND DIRE	CTORS IN	State 10	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ESCOBAF 13116 S.V MIAMI FL VP PEREDA,	OFFICERS AND DI R, EUGENIO N. 20TH TERRACE 33175 CESAR		Trust Fund C	11. TITLE NAMI STRE CITY TITLE NAMI	E E EET ADDRESS -ST-ZIP		Added to Fees ADDITIONS/CHANG	Florida SES TO OFFICERS	Departm AND DIRE	CTORS IN Change	10 Addition	CR2E037 (10/02)
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR