

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90166 042 ****61.25

DOCUMENT # 729315

1. Entity Name

SANTONA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6565 SANTONA ST APT B-100
 CORAL GABLES FL 33146

6565 SANTONA ST APT B-100
 CORAL GABLES FL 33146-3168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1652713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCLAFANI, NANCY
6580 SANTONA ST., A-31
CORAL GABLES FL 33146

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ACTON, JACQUELINE	
STREET ADDRESS	6041 SW 9TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHETWOOD, SUSAN	
STREET ADDRESS	6511 SANTONA ST C-20	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACTON, JOHN	
STREET ADDRESS	6041 SW 9 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMKOVIC, SIMON	
STREET ADDRESS	232 SEYBOLD BLDG.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, MIKE	
STREET ADDRESS	7777 S.W. 114TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCLAFANI, NANCY	
STREET ADDRESS	6580 SANTONA ST A-31	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudy MENDOZA	
STREET ADDRESS	1570 MADRUGA AVE #402	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kieth Mitchell	
STREET ADDRESS	511 Alhambra Circle	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keri Lynda Hurvat	
STREET ADDRESS	6565 SANTONA ST B-7	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE MOMIS	
STREET ADDRESS	6580 SANTONA ST A 9	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

305-661-6116

Date

Daytime Phone #

CP25037 (9/00)