

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90269 035 \*\*\*\*61.25

**DOCUMENT # 732076**

1. Entity Name

**FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 11, IN**

Principal Place of Business

MARILYN WILLIAMS  
230 N.E. 141 ST.  
N. MIAMI FL 33161

Mailing Address

MARILYN WILLIAMS  
1674 UNIVERSITY PKWY. BOX 307  
SARASOTA FL 34243

2. Principal Place of Business

NEAL McFadden

Suite, Apt. #, etc.

230 NE 141 ST

City & State

N. MIAMI FL

Zip

33161

Country

Dade

3. Mailing Address

NEAL McFadden

Suite, Apt. #, etc.

1674 Univ 230 N.E. 141 St

City & State

MIAMI FL 33161

Zip

33161

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1651129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESIRE, MAGALIE  
232 N.E. 141 STREET  
N. MIAMI FL 33161

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.

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

TITLE NAME ☐ Delete

PD  
DESIRE, MAGALIE  
232 N.E. 141 ST.  
N. MIAMI FL 33161

TITLE NAME ☒ Delete

STD  
WILLIAMS, MARILYN  
230 N.E. 141 ST.  
N. MIAMI FL 33161

TITLE NAME ☐ Delete

D  
BELBODA, LARETTA  
31 WEST 128 ST.  
NEW YORK NY

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STD  
NEAL McFadden  
230 N.E. 141 ST.  
N. MIAMI FL 33161

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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:

NEAL McFadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)