

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90004 039 ****61.25

DOCUMENT # 734051

1. Entity Name

WEST KEN LARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1480 N.W. 33RD AVE.
 FORT LAUDERDALE FL 33311

1480 N.W. 33RD AVE.
 FORT LAUDERDALE FL 33311-4927



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SAME
 Suite, Apt. #, etc.

SAME
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0003661

Applied For

Not Applicable

Zip Country Zip Country

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

BRADLEY, JAMES
1480 NW 33RD AVENUE
FT. LAUDERDALE FL 33311

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 **JAMES BRADLEY**

FEBRUARY 16, 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

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
|--|---|
| TITLE <input type="checkbox"/> Delete NAME BRADLEY, JAMES STREET ADDRESS 1480 N.W. 33RD AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33311 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME |
| TITLE <input type="checkbox"/> Delete NAME WRIGHT, DORIS STREET ADDRESS 3290 N.W. 13TH ST. CITY-ST-ZIP FT. LAUDERDALE FL 33311 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME |
| TITLE <input type="checkbox"/> Delete NAME DIXSON, CLEO STREET ADDRESS 3241 N.W. 13TH CT. CITY-ST-ZIP FT. LAUDERDALE FL 33311 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME |
| TITLE <input type="checkbox"/> Delete NAME HOLMES, HELEN STREET ADDRESS 1481 NW 33RD TERR CITY-ST-ZIP FT. LAUDERDALE FL 33311 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 16, 2000 (954) 735-1966

Date

Daytime Phone #

CR2E037 (9/99)