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

FILED
Mar 06, 2003 8:00 am
Secretary of State
03-06-2003 90097 002 ****61.25

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DOCUMENT # 738863

1. Entity Name
ABITARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3495 MAIN HIGHWAY COCONUT GROVE FL 33133	10465 SW 42 TERRACE MIAMI FL 33165

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2023220 ☐ Applied For ☐ Not Applicable

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
COONEY, JOHN 3190 VIA ABITARE MIAMI FL 33133	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John W Cooney
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FITZPATRICK, LINDA 3196 VIA ABITARE MIAMI FL 33133	☑ Delete	TITLE VP D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition HARVEY Cohen 3167 Via Abitare, Miami, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, STEVE 3171 VIA ABITARE MIAMI FL 33133	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition ANDREA GAMBOA 3169 Via Abitare Miami, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COONEY, JOHN 3190 VIA ABITARE MIAMI FL 33133	☐ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition KATHLEEN McMURRAY 3181 Via Abitare Miami, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD D ROBINSON, HAL 3163 VIA ABITARE MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENFIELD, PRISCILLA 3194 VIA ABITARE MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEPHENSON, LAURA 3177 VIA ABITARE MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E087 (10/02)

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 REQUIRED Laura P. Stephenson 305-789-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #