

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90126 022 ****70.00

DOCUMENT # 740893

1. Entity Name

LE JEUNE GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 551724
 CAROL CITY FL 33055
 US

P.O. BOX 551724
 CAROL CITY FL 33055-0724
 US

031179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0127240

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

LOPEZ, MARGARITA
18002 NW 41 PL
MIAMI FL 33055

Name **Lillian Shaw**

Street Address (P.O. Box Number is Not Acceptable)

17949 N.W 40 ct

City **Miami**

FL

Zip Code **33055**

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 **Lillian M. Shaw**

Signature, typed or printed name of registered agent and title if applicable.

Lillian Shaw

(NOTE: Registered Agent signature required when reinstating)

4/3/00

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** Delete
 NAME **SHAW, LILLIAN**
 STREET ADDRESS **17949 NW 40 CT**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **MCDOWELL, SNADRA**
 STREET ADDRESS **18240 NW 41 PL**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DT** Change Addition
 NAME **Mcdowell Sandra**
 STREET ADDRESS **18240 NW 41 PL**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DT** Delete
 NAME **LEAL, CARLOS**
 STREET ADDRESS **18015 NW 41 PL**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DV** Change Addition
 NAME **Egbert Bertrand**
 STREET ADDRESS **17960 NW 40 CT**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DS** Delete
 NAME **SALAZAR, LORENA**
 STREET ADDRESS **18013 NW 40 CT**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 I am empowered.

SIGNATURE: *Lillian Shaw* **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 (305) 448-8383

Date

Daytime Phone #

82977

CR2E037 (9/99)