

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90119 001 ****61.25
 02-02-2001 90119 002 *****8.75

DOCUMENT # 745936

1. Entity Name

L'HERMITAGE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2000 S.BAYSHORE DR.
 MIAMI FL 33133**

**2000 S.BAYSHORE DR.
 MIAMI FL 33133**

24373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2089772

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

**ADLER, IRWIN
 2601 SOUTH BAYSHORE DRIVE
 SUITE 1475
 MIAMI FL 33133**

Name **SWEENEY, ALLEN**

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

2000 SOUTH BAYSHORE DRIVE

City **MIAMI**

FL

Zip Code

33133

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

Allen Sweeney

PRESIDENT

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 **P** ☐ Delete
 NAME **SWEENEY, ALLEN**
 STREET ADDRESS **2000 SOUTH BAYSHORE DR # 50**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **BARNETT, STANLEY**
 STREET ADDRESS **2000 SOUTH BAYSHORE DR #45**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MOORE, MARCHANT**
 STREET ADDRESS **2000 SOUTH BAYSHORE DR # 08**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **S** ☒ Change ☐ Addition
 NAME **MRS GRETCHEN TUNKEY**
 STREET ADDRESS **2000 SOUTH BAYSHORE DR. #65**
 CITY-ST-ZIP **MIAMI, FL. 33133**

TITLE **D** ☐ Delete
 NAME **SWEENEY, JAMES**
 STREET ADDRESS **2000 SOUTH BAYSHORE DR # 51**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WHITE, JOANNE**
 STREET ADDRESS **2000 S BAYSHORE DR # 7**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GOLDSTEIN, HELEN**
 STREET ADDRESS **2000 S BAYSHORE DR #30**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D.** ☒ Change ☐ Addition
 NAME **DR. NORMAN ALTMAN**
 STREET ADDRESS **2000 SOUTH BAYSHORE DR. # 04**
 CITY-ST-ZIP **MIAMI, FL. 33133**

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
ALLEN SWEENEY

Date

305-854-7548
 Daytime Phone #

CR2E037 (10/00)