


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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90214 007 \*\*\*\*61.25

**DOCUMENT # 746451**  
1. Entity Name  
**SOUTH LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**% BCT MANAGEMENT INC  
8357 W FLAGLER ST PMB #352  
MIAMI FL 33144**

Mailing Address  
**% BCT MANAGEMENT INC  
8357 W FLAGLER ST PMB #352  
MIAMI FL 33144**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CAMEJO, MARIA A  
8511 NW 8 STREET #111  
MIAMI FL 33126**

4. FEI Number **59-1985832**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BETANCOURT, JOHN	
STREET ADDRESS	15685 SW 84 TERR. #803	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, MERY L	
STREET ADDRESS	8485 SW 158 PL #507	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANNES, JUDY	
STREET ADDRESS	15675 SW 84 TERR #902	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPURRO, CESAR R	
STREET ADDRESS	8480 SW 156 PLACE, #702	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BETANCOURT D	
STREET ADDRESS	15685 SW 84 TERR. #803	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY MANNES D	
STREET ADDRESS	15675 SW 84 TERR. #902	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAR R. CAPURRO D	
STREET ADDRESS	8460 SW 156 PL #702	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Judy Mannes, President*  
DATE: **02/15/03 (305) 262-1123**  
Date Daytime Phone #

CR2E037 (10/02)