

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90015 024 ****61.25

DOCUMENT # 751021

1. Entity Name

VECINO DEL MAR OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2350 N.E. 135 STREET
 NORTH MIAMI FL 33181

2350 N.E. 135 STREET
 NORTH MIAMI FL 33181-3553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0642558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL, FREDERICK B
21 PALM AVE
MIAMI BEACH FL 33139

Name

ROBERT EBER

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

10761 S.W. 104 ST

City

MIAMI

FL

Zip Code

33176

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

3/31/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SPIEGEL, FREDERICK B	
STREET ADDRESS	2350 N.E. 135 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, JOHN	
STREET ADDRESS	2350 N.E. 135 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSE, IVON	
STREET ADDRESS	2350 N.E. 135 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDRA TORRES ADD	
STREET ADDRESS	2350 NE 135 ST, 805	
CITY-ST-ZIP	N. MIAMI, FL 33181	

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGUELL DEL CAMPILLO	
STREET ADDRESS	2350 NE 135 ST, #1207	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD BROWN	
STREET ADDRESS	2350 NE 135 ST, #1210	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN MORALES	
STREET ADDRESS	10651 SW 113 PL, #C	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA WHITEBROOK	
STREET ADDRESS	2350 NE 135 ST, #1211	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES GRASSO	
STREET ADDRESS	2350 NE 135 ST 1409	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA LEDN	
STREET ADDRESS	2350 NE 135 ST, #1205	
CITY-ST-ZIP	N. MIAMI, FL 33181	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

3-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)