

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752833

1. Entity Name

SOUTHWEST RANCHES HOMEOWNERS ASSOCIATION INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90123 037 \*\*\*\*61.25

Principal Place of Business  
5620 SW 164TH TRR  
FT. LAUDERDALE FL 33331  
US

Mailing Address  
4720 SW 170 AVENUE  
FT. LAUDERDALE FL 33331-1237  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

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

FINK, MECCA  
5620 SW 164TH TERR  
FT LAUDERDALE FL 33331

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.

SIGNATURE \_\_\_\_\_  
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	VD	<input type="checkbox"/> Delete
NAME	PRESTON, ED	
STREET ADDRESS	18530 SW 55 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FINK, MECCA	
STREET ADDRESS	5620 SW 164TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAHILL, ISOLDE	
STREET ADDRESS	14641 MUSTANG TRL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEHLER, ROLLY	
STREET ADDRESS	4720 SW 170 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Gerard Vitale	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13711 Sheraton Street	
STREET ADDRESS	Ft. Lauderdale, FL 33330	
CITY-ST-ZIP		
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		
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: ROLLY KEHLER 19 April 2000 (954) 434-1746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)