

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754503

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90029 008 \*\*\*\*61.25

1. Entity Name

**GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9085 S.W. 112 PLACE  
 MIAMI FL 33186

13388 SW 128 STREET  
 MIAI FL 33186-5807  
 US



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

**59-2115921**

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

**GLEN COLVIN, CAM**  
**LAKEVIEW MANAGEMENT INC**  
**13388 SW 128 ST**  
**MIAMI FL 33130**

Name **Steven A. Fein**  
 Street Address (P.O. Box Number is Not Acceptable) **900 South State Road 7**  
 City **Plantation, FL** Zip Code **33317**

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)

**2/11/00**  
 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	<input type="checkbox"/> Delete
NAME	MICHALSON, JEFF	
STREET ADDRESS	9023 SW 112 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEGAL, DON	
STREET ADDRESS	11258 SW 90 LANE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARGO, MARK	
STREET ADDRESS	11277 S.W. 90 LANE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LONGORIA, TONY D	
STREET ADDRESS	9061 SW 112 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSGRAVE, INES	
STREET ADDRESS	11272 SW 91 TERR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHALSON, JEFF	
STREET ADDRESS	9023 SW 112 PL	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, BARBARA	
STREET ADDRESS	11273 SW 91 TERR.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSGROVE, INES	
STREET ADDRESS	11272 SW 91 TERR.	
CITY-ST-ZIP	MIAMI, FL 33176	
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/2000**  
 Date

**305-273-9810**  
 Daytime Phone #

CR2E037 (9/99)