

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90065 035 ****61.25

DOCUMENT # 754503

1. Entity Name
GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.



90023516



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI FL 33186**

Mailing Address
**MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI FL 33186**

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

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

Country

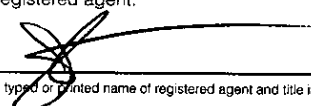
4. FEI Number **59-2115921**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MIAMI MANAGEMENT
.14275 SW 142 AVE
MIAMI FL 33186**

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 
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCHALSON, JEFF	
STREET ADDRESS	9023 SW 112 PL	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MICHALSON, JEFF	
STREET ADDRESS	9023 SW 112TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, JOAN	
STREET ADDRESS	9286 SW 112 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, FERNANDO	
STREET ADDRESS	11268 SW 90 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BILD, ALFREDO	
STREET ADDRESS	11636 NO KENDOU DR	
CITY-ST-ZIP	MIAMI FL 3376-005	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, JOAN	
STREET ADDRESS	9086 SW 112 PL	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA VARGO	
STREET ADDRESS	11277 SW 90 LN	
CITY-ST-ZIP	MIA FL 33176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Longoria	
STREET ADDRESS	9061 SW 112 Ct.	
CITY-ST-ZIP	MIA FL 33176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG WHITE	
STREET ADDRESS	9041 SW 112 Ct	
CITY-ST-ZIP	MIA FL 33176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AJ HERNANDEZ	
STREET ADDRESS	9836 SW 112 PL	
CITY-ST-ZIP	MIA. FL 33176	
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

CR2E037 (10/02)