

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90869 003 ****61.25

DOCUMENT # 757278

1. Entity Name

CASA BELLA VILLAS TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**14951 N E 6TH AVE
 MIAMI FL 33161**

**P.O. BOX 1675
 NORTH MIAMI FL 33261
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2202941

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

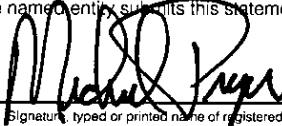
**KOPPEN, ROBERT A.
 700 NE 90TH ST
 MIAMI FL 33138-0206**

Name **MICHAEL PRÉGER**
 Street Address (P.O. Box Number is Not Acceptable)
2509 NE 135TH ST.

City **NORTH MIAMI** FL Zip Code **33181**

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



MICHAEL PRÉGER (PRESIDENT)

4-29-02

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

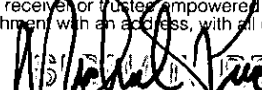
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LEIBKUCHLER, GUNTER	
STREET ADDRESS	6601 SW 79TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOPPEN, ROBERT A.	
STREET ADDRESS	700 NE 90TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUCCHINO, ALAN	
STREET ADDRESS	8285 W. 18 AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL PRÉGER	
STREET ADDRESS	2509 NE 135TH ST.	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY BARTELL	
STREET ADDRESS	2527 NE 135TH ST.	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA RODRIGUEZ	
STREET ADDRESS	2507 NE 135TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
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 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:

 **MICHAEL PRÉGER**

4-29-02

305-893-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)