

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90033 005 \*\*\*\*61.25

**DOCUMENT # 760989**

1. Entity Name

**GREEN HILLS PARK WEST CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**17070 SW 112TH COURT  
 MIAMI FL 33157  
 US**

**17157 SW 112 COURT  
 MIAMI FL 33157  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1369599**

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

**WOODWARD, MARION  
 17157 SW 112 COURT  
 VILL4  
 MIAMI FL 33157**

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 **PD** ☐ Delete  
 NAME **ROBERTS, BOBBY J**  
 STREET ADDRESS **17004 SW 113 CT**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **STOCKHAUSEN, LOIS**  
 STREET ADDRESS **11264 SW 172 ST**  
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VPD** ☐ Delete  
 NAME **STOCKHAUSEN, LOIS**  
 STREET ADDRESS **11264 SW 172 ST**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **ROBERTS, BOBBY J**  
 STREET ADDRESS **17004 SW 113 CT**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **TD** ☐ Delete  
 NAME **WOODWARD, MARION**  
 STREET ADDRESS **17157 SW 112TH COURT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Delete  
 NAME **BADILLS, EMLIA**  
 STREET ADDRESS **11327**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **CASTILLO, MARY**  
 STREET ADDRESS **16070 SW 112 CT**  
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: MARION WOODWARD**

**1/18/02 3:52 PM 2219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)