2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90023 015 ****61.25

DOCUMENT # 761455

1. Entity Name

LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIA

AU047634

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2421 S.W. 127TH AVENUE DAVIE FL 33325 US	2421 S.W. 127TH AVENUE DAVIE FL 33325-5600 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2169858 ☐ Applied For ☐ Not Applicable

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
MIELE BROS. MANAGEMENT INC. 2421 S.W. 127TH AVENUE STE 300 DAVIE FL 33325	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEIR, MARY K 8730 SHERMAN CIR, N, #201 MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, LYLE C. 8740 N. SHERMAN CR #301 MIRAMAR FL. 33025 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIS, CYNTHIA 8720 SHERMAN CR, N, #102 MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EVANS, GERALDINE 8600 SHERMAN CR, N, #507 MIRAMAR FL 33025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEADLEY, FIANNY 8720 SHERMAN CR, N, #402 MIRAMAR FL 33025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINT, EARL 8720 SHERMAN CR N, #308 MIRAMAR FL 33025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAGG, JOE 8710 SHERMAN CIRCLE, N, #103 MIRAMAR FL 33025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Mary K. Weir REQUIRED 4/19/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #