2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90171 023 ****61.25

0031289

DOCUMENT # **761455**

1. Entity Name

LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIA TION, INC.

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

DUUOJ/UI

DO NOT WRITE IN THIS SPACE

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

MIELE BROS. MANAGEMENT INC.
2421 S.W. 127TH AVENUE
STE 300
DAVIE FL 33325

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.

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

TITLE	PD	☑ Delete
NAME	LOPEZ, LEO	
STREET ADDRESS	8710 N SHERMAN CIR #107	
CITY-ST-ZIP	~~MIRAMAR FL 33025~~	
TITLE	TD	☐ Delete
NAME	ALEXANDER, LYLE C	
STREET ADDRESS	~~8740 N SHERMAN CR #301~~ 2055 S W Flamingo Rd	
CITY-ST-ZIP	~~MIRAMAR FL 33025~~ Davie, FL 33325	
TITLE	~~TP~~ P	☐ Delete
NAME	DAVIS, CYNTHIA	
STREET ADDRESS	~~8720 SHERMAN CR N., #102~~ 2055 S W Flamingo Rd	
CITY-ST-ZIP	~~MIRAMAR FL 33025~~ Davie, FL 33325	
TITLE	~~SD~~ VPD	☐ Delete
NAME	BAVARO-HOPKINS, LANA	
STREET ADDRESS	~~8700 N SHERMAN CIR #103~~ 2055 S W Flamingo Rd	
CITY-ST-ZIP	~~MIRAMAR FL 33025~~ Davie, FL 33325.	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☐ Addition
NAME	JOHNSON, STANLEY	
STREET ADDRESS	2055 SW FLAMINGO RD	
CITY-ST-ZIP	~~DAVIE, FL 33325~~	
TITLE	SD	☐ Change ☐ Addition
NAME	DUMONT, ALBERT.	
STREET ADDRESS	2055. SW FLAMINGO RD	
CITY-ST-ZIP	DAVIE. FL 33325.	
TITLE		☐ Change ☑ Addition
NAME	~~HUTCHINSON, COLIN~~	
STREET ADDRESS	~~2055 SW FLAMINGO RD~~	
CITY-ST-ZIP	~~DAVIE, FL 33325.~~	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 4/17/02 954-473-6285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #