

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

09-17-2002 90105 005 \*\*\*\*70.50

**DOCUMENT # N00000002849**

1. Entity Name

**GREENBROOK NEIGHBORHOOD ASSOCIATION INC.**

Principal Place of Business

**20617 NE 97TH PLACE  
 NORTH MIAMI BEACH FL 33179**

Mailing Address

**20617 NE 97TH PLACE  
 NORTH MIAMI BEACH FL 33179**

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

**NOT APPLICABLE**

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

**DOUGLAS, PAMELA  
 20617 NE 9TH PL  
 N. MIAMI BCH FL 33179**

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

**After September 13, 2002,  
 min. will be \$236.25.**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ALVAREZ, JOE P<br>20637 NE 9THG PLACE<br>NORTH MIAMI BEACH FL 33179     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DOUGLAS, PAMELA<br>20617 NE 9TH PL.<br>N. MIAMI BCH FL 33179             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MESSIAH, SARAH<br>20627 NE 9TH PL.<br>N. MIAMI BCH FL 33179             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ETIENNE, LUDCILLA C<br>841 NE 208TH STREET<br>NORTH MIAMI BEACH FL 33179 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALVARADO, VICTOR<br>20617 NE 9TH PLACE<br>NORTH MIAMI BEACH FL 33179     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARSHALL, GARY<br>945 NE 207TH TERR<br>NORTH MIAMI BEACH FL 33179        | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice-President<br>Messiah, Sarah<br>20627 N.E. 9TH PL<br>North Miami Beach FL 33179    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director, Board<br>MARK ABRAHAMS<br>835 N.E. 206TH ST<br>North Miami Beach, FL 33179   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Michelle Fleming<br>20617 N.E. 9TH PL (ct)<br>North Miami Beach, FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREASURER<br>Mike Markland<br>20524 N.E. 8TH PL<br>North Miami Beach, FL 33179         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director, Board<br>Andrea Chonin<br>20606 N.E. 9TH PL<br>North Miami Beach, FL 33179   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director, Board<br>Debbie Markland<br>20524 N.E. 8TH PL<br>North Miami Beach, FL 33179 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *PAMELA DOUGLAS* 09-12-02 (305)652-0253

CR2E037 (4/02)

Attachment  
Additional Directors

872446

#N00000002849

Betsy OZUNA  
20635 N.E. 9th Ct.  
North Miami Bch, FL 33179

Henry Peirce  
20505 N.E. 9th Ct  
North Miami Bch, FL 33179