gg.ro.nor

## FILED Sep 13, 2001 8:00 am Secretary of State 09-13-2001 90012 006 \*\*\*\*70.00

NORTH GABLES NEIGHBORHOOD PRESERVATION ASSOCIATI

6. Name and Address of Current Registered Agent

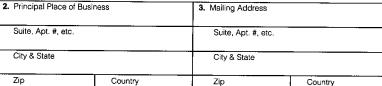
DOCUMENT # N0000005512

Principal Place of Business 1123 LISBON STREET CORAL GABLES FL 33134

1. Entity Name

Mailing Address

1123 LISBON STREET CORAL GABLES FL 33134



**2001 UNIFORM BUSINESS REPORT (UBR)** 

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired	×	\$8.75 Additional Fee Required		
<ol><li>Certificate of Status Desired</li></ol>	<b>∀</b>			
		<del></del>	_	
65-105165	Not Applicable	e		
4. FEI Number	Applied For			

DELPHIN, LISA	
1123 LISBON STREET	
CORAL GABLES FL 33134	ļ

Name			
Street Address (P.O. Box Number is Not Acceptable	e)		
City		Zip Code	

. 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					

After September 12, 2001, min. will be \$236.25		Trust Fund Contribution.		9				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delphin, Lisa 1203 Lisbon Street Coral Gables Fl 33134	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	DE037 (E/04)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMAYO, GRACE 1425 MEDINA AVE CORAL GABLES FL 33134	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	again. Tagan	☐ Change	Addition	è
NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY, MADELEINE R 1208 LISBON STREET CORAL GABLES FL 33134	·	NAME STREET ADDRESS CITY-ST-ZIP	,	· .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ 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.