

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # N00000008232**

1. Entity Name

**EDISON COURTS RESIDENT COUNCIL, INC.**



03-17-2003 90608 004 \*\*\*\*\*5.00  
03-17-2003 90608 001 \*\*\*\*\*20.00  
03-17-2003 90608 002 \*\*\*\*\*31.25  
03-17-2003 90608 003 \*\*\*\*\*5.00

Principal Place of Business

**6200 NW 3RD AVE.  
MIAMI FL 33150**

Mailing Address

**6200 NW 3RD AVE.  
MIAMI FL 33150**

2. Principal Place of Business

**6200 NW 3rd Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**6200 NW 3rd Ave**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number **23-7419956**

☒ Applied For

Not Applicable

Zip

**33150**

Country

**MIAMI, DADE**

Zip

Country

**US**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, LULA  
6200 NW 3RD AVE.  
MIAMI FL 33150**

7. Name and Address of New Registered Agent

Name **ANNETTE FRENCH**

Street Address (P.O. Box Number is Not Acceptable)

**252 N.W. 65 street**

City

**MIAMI**

FL

Zip Code

**33150**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>SIMMOONS, LULA</b>	
STREET ADDRESS	<b>6200 NW 3RD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>WATSON, STEPHANIE</b>	
STREET ADDRESS	<b>6200 NW 3RD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>WALL, BETTY</b>	
STREET ADDRESS	<b>6200 NW 3RD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, ELLEN</b>	
STREET ADDRESS	<b>6200 NW 3RD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Annette French</b>	
STREET ADDRESS	<b>252 N.W. 65 street</b>	<b>6200 NW 3rd Ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	<b>MIAMI FL 33150</b>
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tangee Miller</b>	
STREET ADDRESS	<b>6410 N.W. 2nd Pl.</b>	<b>6200 NW 3rd Ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	<b>MIAMI FL 33150</b>
TITLE	CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cindy Harvey</b>	
STREET ADDRESS	<b>6227 N.W. 3rd Ave</b>	<b>6200 NW 3rd Ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	<b>MIAMI FL 33150</b>
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLEN Miller</b>	
STREET ADDRESS	<b>6408 N.W. 2nd Pl.</b>	<b>6200 NW 3rd Ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	<b>MIAMI FL 33150</b>
TITLE	RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rose Baker</b>	
STREET ADDRESS	<b>6200 NW 3rd Ave</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE

**SIGNATURE REQUIRED**

**2-22-03**

CR2E037 (10/02)