2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am **DOCUMENT # N00999 Secretary of State** 1. Entity Name 03-13-2002 90060 011 ****61.25 GARDENS ON THE BAY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6484 INDIAN CREEK DR. 6484 INDIAN CREEK DR. 510839 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2388042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GLAZER. ERIC M 1920 EAST HALLANDALE BEACH BLVD. 8TH FL., CORPORATE PLACE City Zip Code HALLANDALE FL 33009 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS (9/01) PD TITLE ☐ Delete TITLE NAME ALVAREZ, MARTA NAME 84INDIAN CREEK DA AP. 108 CR2E037 STREET ADDRESS 6484 INDIAN CREEK DR., APT 108 STREET ADDRESS MIAMI BEACH FL. 33141 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE ILURIO PEDRO. NAME VIORIO, PEDRO NAME 484 TNOIAN CREEK DR AP 226 STREET ADDRESS 6484 INDIAN CREEK DR., APT. 226 STREET ADDRESS MIAMI BEACH FL 33141. CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 SD. HERNANDEZ SOBEIDA TITLE ☐ Delete NAME HERNANDEZ, SOBEIDA NAME 3580 5. W 127 th AVE STREET ADDRESS STREET ADDRESS 3580 SW 127TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMIFL. 33175 **MIAMI FL 33175** ☐ Delete TITLE TITLE EDEROS HILDA NAME MEDEROS, HILDA NAME 484 INDIAN CREEK DA. AP. 322. STREET ADDRESS STREET ADDRESS 6484 INDIAN CREEK DR., APT. 322 LIAMI BEACH. Fl. 33141 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ast □ Delete TITLE Change ☐ Addition NAME PEREZ. ENRIQUE NAME 6484 INDIAN CREEK DR. APT 235 STREET ADDRESS 6484 INDIAN CREEK DR., APT. 235 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 all other like empowered.

SIGNATURE: MONTH CHURCH (WICKSCHOUT) MARTA AIVAREZ MARCH 19/100 SIGNATURE AND TYPED OR PRINTED NAME OF SURING OFFICER OR DIRECTOR