

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90058 037 ****61.25



DOCUMENT # N00999

1. Entity Name

GARDENS ON THE BAY OWNERS ASSOCIATION, INC.

Principal Place of Business

**6484 INDIAN CREEK DR.
OFFICE
MIAMI BEACH FL 33141**

Mailing Address

**6484 INDIAN CREEK DR.
OFFICE
MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2388042**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GLAZER, ERIC M
1920 EAST HALLANDALE BEACH BLVD.
8TH FL., CORPORATE PLACE
HALLANDALE FL 33009**

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. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARTA	
STREET ADDRESS	6484 INDIAN CREEK DR., APT 108	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VORIO, PEDRO	
STREET ADDRESS	6484 INDIAN CREEK DR., APT. 226	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, SOBEIDA	
STREET ADDRESS	3580 SW 127TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEDEROS, HILDA	
STREET ADDRESS	6484 INDIAN CREEK DR., APT. 322	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	AST	<input type="checkbox"/> Delete
NAME	PEREZ, ENRIQUE	
STREET ADDRESS	6484 INDIAN CREEK DR., APT. 235	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE: *Marta Alvarez* **REQUIRED**

January 6, 2003

305-864-5587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)