

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90495 038 ****61.25

DOCUMENT # N01000004476

1. Entity Name

ORANGE PARC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~250 CATALONIA AVENUE SUITE 506~~
~~CORAL GABLES FL 33134~~

~~250 CATALONIA AVENUE SUITE 506~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

3053 ORANGE STREET

3. Mailing Address

3053 ORANGE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE FL 33133

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

Zip

33133

Country

USA

6. Name and Address of Current Registered Agent

ARCIA, PAUL
250 CATALONIA AVENUE SUITE 506
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SAMUEL DODSON

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

3053 ORANGE STREET

City

COCONUT GROVE (MIAMI) FL

Zip Code

33133

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

Samuel Dodson **SAMUEL DODSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **ARCIA, PAUL**
 STREET ADDRESS **250 CATALONIA AVENUE SUITE 506**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** ☒ Delete
 NAME **RAMIREZ, RALPH (RAFAEL)**
 STREET ADDRESS **250 CATALONIA AVENUE SUITE 506**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☒ Delete
 NAME **GARCIA, JESUS**
 STREET ADDRESS **250 CATALONIA AVENUE SUITE 506**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **SAMUEL DODSON**
 STREET ADDRESS **3053 ORANGE STREET**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **DAVIS DRYKEMAN**
 STREET ADDRESS **3051 ORANGE STREET**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **RIKKE DRYKEMAN**
 STREET ADDRESS **3051 ORANGE STREET**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **CAROLE DODSON**
 STREET ADDRESS **3053 ORANGE STREET**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Samuel Dodson **SAMUEL DODSON**

4/30/02

305-445-4058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy phone #

CR2E037 (9/01)