

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90742 001 *1,600.00

DOCUMENT # N01000005553

1. Entity Name

TIMBER LAKE AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8000 GOVERNOR'S SQUARE BLVD. SUITE 101
 MIAMI LAKES FL 33016

8000 GOVERNOR'S SQUARE BLVD. SUITE 101
 MIAMI LAKES FL 33016

2. Principal Place of Business

1192 E. NEWPORT CENTER DR.

3. Mailing Address

1192 E. NEWPORT CENTER DR.

Suite, Apt. #, etc.

150

Suite, Apt. #, etc.

150

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

48-1256422

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JUAN E
80 SW 8TH ST, SUITE 2550
MIAMI FL 33130

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.

SIGNATURE

JUAN E. Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **HUMPHRIES, MICHAEL**
 STREET ADDRESS **8000 GOVERNOR'S SQUARE BLVD, SUITE 101**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **PD** ☒ Change ☐ Addition
 NAME **HUMPHRIES, MICHAEL**
 STREET ADDRESS **1192 E. NEWPORT CENTER DRIVE # 150**
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **D** ☐ Delete
 NAME **ROCA, RAFAEL**
 STREET ADDRESS **8000 GOVERNOR'S SQUARE BLVD, SUITE 101**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROCA, RAFAEL**
 STREET ADDRESS **1192 E. NEWPORT CENTER DRIVE, # 150**
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **D** ☐ Delete
 NAME **SHARPSTEEN, CANDACE**
 STREET ADDRESS **8000 GOVERNOR'S SQUARE BLVD, SUITE 101**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **D** ☒ Change ☐ Addition
 NAME **SHARPSTEEN, CANDACE**
 STREET ADDRESS **1192 E. NEWPORT CENTER DRIVE, # 150**
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

4/25/02

954-428-4834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)