


FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 91315 017 ****61.25

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

DOCUMENT # N02000003133					
1. Entity Name 135TH STREET EASTENDERS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12864 BISCAYNE BLVD., PMB 355 NORTH MIAMI FL 33181-2007			Mailing Address 12864 BISCAYNE BLVD., PMB 355 NORTH MIAMI FL 33181-2007		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 32-0062047	Applied For Not Applicable
6. Name and Address of Current Registered Agent MAGEE, LARRY 2450 NE 135TH STREET, UNIT 111 NORTH MIAMI FL 33181				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
7. Name and Address of New Registered Agent Name: HENRY E. NOVELL Street Address (P.O. Box Number is Not Acceptable): 2450 NE 135th Street UNIT 1004 City: NORTH MIAMI FL FL Zip Code: 33181					
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: <i>Henry E. Novell</i> HENRY E. NOVELL DATE: 4.22.2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CRISTOBAL		NAME	CAROL PREGER	
STREET ADDRESS	13512 NE 24TH CT		STREET ADDRESS	3509 NE 135th Street	
CITY-ST-ZIP	NORTH MIAMI FL 33181		CITY-ST-ZIP	North Miami FL 33181	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVELL, HENRY		NAME	ILAN ABURDICK	
STREET ADDRESS	2450 NE 135TH STREET, UNIT 1004		STREET ADDRESS	13502 NE 24th Place	
CITY-ST-ZIP	NORTH MIAMI FL 33181		CITY-ST-ZIP	North Miami FL 33181	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREGER, CAROL		NAME	Henry Novell	
STREET ADDRESS	2509 NE 135TH STREET		STREET ADDRESS	2450 NE 135th Unit 1004	
CITY-ST-ZIP	NORTH MIAMI FL 33181		CITY-ST-ZIP	North Miami FL 33181	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARTHA		NAME	LARA MARELLY	
STREET ADDRESS	2500 NE 135TH STREET, UNIT 301		STREET ADDRESS	2700 NE 135th Street	
CITY-ST-ZIP	NORTH MIAMI FL 33181		CITY-ST-ZIP	North Miami FL Unit 20	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGEE, LARRY		NAME	Henry Novell	
STREET ADDRESS	2450 NE 135TH STREET, UNIT 111		STREET ADDRESS	2450 NE 135th Unit 1004	
CITY-ST-ZIP	NORTH MIAMI FL 33181		CITY-ST-ZIP	North Miami FL 33181	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the empowered.					
SIGNATURE: <i>Henry E. Novell</i>			SIGNATURE RECEIVED - HENRY E. NOVELL 4.22.2003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CR2E037 (10/02)