

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90123 014 ****61.25

DOCUMENT # N02000008230

1. Entity Name
UM NEIGHBORS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1521 MATARO AVENUE
CORAL GABLES, FL 33146

Mailing Address
1521 MATARO AVENUE
CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE



05032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
01-0750125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMIAN, VINCENT E JR
SALOMON, KANNER, DAMIAN, JR.
80 S.W. 8TH STREET, SUITE 2550
MIAMI, FL 33130

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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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRONCZAK, BARBARA
STREET ADDRESS 1521 MATARO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE TD
NAME HARTNETT, WILLIAM J
STREET ADDRESS 4950 CAMPO SANO COURT
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE SD
NAME ~~ROSS~~, RAMON J ROIZ
STREET ADDRESS 4980 SAN MATARO AVENUE AMARCO
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME SCHAFER, JOANNE
STREET ADDRESS 2219 S.W. 59TH AVENUE
CITY-ST-ZIP MIAMI, FL 33155

TITLE D
NAME CRUZ, MARIA C
STREET ADDRESS 1447 MILLER ROAD
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #