

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000008230

1. Entity Name
UM NEIGHBORS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4950 CAMPO SANO
CORAL GABLES, FL 33146**

Mailing Address
**4950 CAMPO SANO
CORAL GABLES, FL 33146**



06172008 No Chg-NP

CR2E037 (4/06)

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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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IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTNETT, WILLIAM J 4950 CAMPO SANO COURT CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, RAMON J 4980 SAN AMARCO AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, JOANNE 2219 S.W. 59TH AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMAN, JAVIER 1447 MILLER ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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

8/18/08

Daytime Phone #