

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08129

1. Entity Name

BAMBOO LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

James A. Lawless  
3113 SW 23rd St.  
Hallandale, FL 33009-3011

James A. Lawless  
3113 SW 23rd St.  
Hallandale, FL 33009-3011

2. Principal Place of Business

3113 SW 23rd ST

Suite, Apt. #, etc.

3. Mailing Address

3113 S.W 23rd ST

Suite, Apt. #, etc.

City & State

PEMBROKE PARK

City & State

HALLANDALE

Zip

33009

Country

Broward

Zip

33009

Country

Broward

6. Name and Address of Current Registered Agent

ZIEMBA, JOHN  
3003 SW 23RD STREET  
PEMBROKE PARK FL 33009

7. Name and Address of New Registered Agent

Name JAMES A. LAWLESS

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

3113 S.W 23rd ST

PEMBROKE PARK

City

FL

Zip Code

33009

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

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

(NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	LAWLESS, JIM	
STREET ADDRESS	3113 SW 23RD ST	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NORMAND, OUELLET	
STREET ADDRESS	2317 SW 30RD COURT	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALEY, EDWARD	
STREET ADDRESS	2305 SW31ST CT	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIEMBA, JOHN	
STREET ADDRESS	3003 S.W. 23RD STREET	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERGERON, CARMEN	
STREET ADDRESS	3106 SW 24TH ST.	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAMES A. LAWLESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 28

954 9873113

FILED  
Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90053 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2068441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2507 (0/00)