

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90201 001 ****61.25

DOCUMENT # N08435

1. Entity Name
CHARDONNAY TOWNHOUSES HOMEOWNERS' ASSOCIATION IN C.



Principal Place of Business
**C/O MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI FL 33186
US**

Mailing Address
**C/O MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI FL 33186
US**

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 **65-0254282**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEIN, STEVE
930 S. STATE ROAD 7
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ALLBRITTON, RICHARD | |
| STREET ADDRESS | 10901 SW 75 STREET | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, LILY | |
| STREET ADDRESS | 10930 SW 75 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | VELEZ, ROBERT | |
| STREET ADDRESS | 7539 SW 109 AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | GONZALEZ, JORGE | |
| STREET ADDRESS | 10968 SW 75 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | IAQUINTO, RAQUEL | |
| STREET ADDRESS | 10998 SW 75 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | DD | <input type="checkbox"/> Delete |
| NAME | ROSENBERG, MELVIN | |
| STREET ADDRESS | 7495 SW 109 AVE. | |
| CITY-ST-ZIP | MIAMI FL 33173 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---|
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TARABOULOS, JEFFREY | |
| STREET ADDRESS | 10929 SW 75 STREET | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| 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:

SIGNATURE REQUIRED

2/6/03 305 274-4490

Date

Daytime Phone #

CR25037 (10/02)