

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0091378

DOCUMENT # N12103

1. Entity Name

SOUTHVIEW AT AVENTURA CONDOMINIUM ASSOCIATION, I

04-03-2001 90048 044 ****61.25

Principal Place of Business

Mailing Address

~~2901 C/O DCI SIMMS ST~~
~~HOLLYWOOD FL 33020~~

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~~HOLLYWOOD FL 33020~~

c/o THE CONTINENTAL GROUP, Ltd.

LUU4U4J4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2950 N. 28th Terr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FLORIDA

City & State

4. FEI Number

59-2574459

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~D.C.I.~~
~~2901 SIMMS ST.~~
~~ATTN: ANDREW MEYROWITZ~~
~~HOLLYWOOD FL 33020~~

7. Name and Address of New Registered Agent

Name **RANDALL K. ROGER, (Atty. at Law)**

Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6th. WAY (SUITE 103)

FORT LAUDERDALE

City

FL

Zip **33309**

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

Randall K. Roger, Vice President of UBR

3/29/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **TORRES, JOHN**
 STREET ADDRESS **3440 NE 192ND ST 4N**
 CITY-ST-ZIP **AVENTURA FL**

TITLE **Robert Delpino T.** Change Addition
 NAME **3340 NE 192 Street A-5H**
 STREET ADDRESS **Aventura Fl, 33180**
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **VIGILANTE, STEVE**
 STREET ADDRESS **3350 NE 192ND ST 4A**
 CITY-ST-ZIP **AVENTURA FL**

TITLE **P** Change Addition
 NAME **Anthony Perea**
 STREET ADDRESS **3440 NE 192 Street A-2G**
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE **VP** Delete
 NAME **LEO, FRANK**
 STREET ADDRESS **3340 NE 192ND ST 2R**
 CITY-ST-ZIP **AVENTURA FL**

TITLE **VP** Change Addition
 NAME **Sandy (Alexander L) Winker**
 STREET ADDRESS **3440 NE 192 Street A-2E**
 CITY-ST-ZIP **Aventura FL, 33180**

TITLE **D** Delete
 NAME **COHEN CHIP**
 STREET ADDRESS **3440 NE 192ND ST 4D**
 CITY-ST-ZIP **AVENTURA FL**

TITLE **D** Change Addition
 NAME **Frank Rendine**
 STREET ADDRESS **3350 NE 192 Street B-2B**
 CITY-ST-ZIP **Aventura FL 33180**

TITLE **S** Delete
 NAME **MASSARO, JENNIFER**
 STREET ADDRESS **3440 N.E. 192ND ST**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **S** Change Addition
 NAME **Jeanne Leja**
 STREET ADDRESS **3550 NE 192 Street B-1R**
 CITY-ST-ZIP **Aventura Fl, 33180**

TITLE **PD** Delete
 NAME **WREN, ELAINE**
 STREET ADDRESS **3440 N.E. 192ND ST**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** Change Addition
 NAME **Aaron Cohen**
 STREET ADDRESS **3440 NE 192 Street A-4D**
 CITY-ST-ZIP **Aventura Fl, 33180**

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 a address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/16/01**

Daytime Phone # **(305) 936 9095**

CR2E037 (10/00)