

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N12103**  
 1. Entity Name  
**SOUTHVIEW AT AVENTURA CONDOMINIUM ASSOCIATION, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 MAY 14 AM 10:57

Principal Place of Business Mailing Address  
**3350-3440 NE 192 St AVENTURA, FL. 33180** **c/o:Continental Group 2950 N 28 Terrace HOLLYWOOD, FL 33020**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0675434** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KAYE & ROGER, P.A.**  
**6261 N.W. 6th WAY #103**  
**Ft. LAUDERDALE, FL. 33309**

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.  
 SIGNATURE *[Signature]* **KAYE & ROGER, P.A.** (NOTE: Registered Agent signature required when reinstating)  
 DATE **5-11-01**

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ANTHONY PEREA	
STREET ADDRESS	3440 NE 192 St.	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SANDY WINKLER	
STREET ADDRESS	3440 NE 192 ST.	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ROBERT DEPINO	
STREET ADDRESS	3440 NE 192 ST.	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JEANNE LEJA	
STREET ADDRESS	3350 NE 192 ST	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	LARRY THORNBURG	
STREET ADDRESS	3350 NE 192 ST	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	FRANK RENDINE	
STREET ADDRESS	3350 NE 192 St.	
CITY-ST-ZIP	AVENTURA, FL. 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARON COHEN	
STREET ADDRESS	3440 NE 192 St.	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100004416811--9	
CITY-ST-ZIP	-06/13/01--01011--007	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS JOYCE	
STREET ADDRESS	3440 N.E. 192 St.	
CITY-ST-ZIP	AVENTURA, FL 33180	
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]* **AD** DATE: **5-12-01** (305) 610-4468

CR2E037 (11/00)