

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90130 027 ****61.25

DOCUMENT # N15461

1. Entity Name

DADELAND COVE SECTION ONE HOMEOWNERS' ASSOCIATIO

Principal Place of Business

10105 SW 77TH CT
 MIAMI FL 33156
 US

Mailing Address

12079 SW 131ST AVE
 MIAMI FL 33186-6475
 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

59-2802749

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

7. Name and Address of New Registered Agent

SKRLD INC
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES FL 33134

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, 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	SD	<input checked="" type="checkbox"/> Delete
NAME	BRONZI, SUZANNE	
STREET ADDRESS	10139 SW 77TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, LYNN	
STREET ADDRESS	10285 SW 102 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHAVEZ, TERESITA	
STREET ADDRESS	7789 SW 102 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JIM	
STREET ADDRESS	10027 SW 77 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PROBST, CHARLOTTE	
STREET ADDRESS	7873 S.W. 102 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	BONWITM, ANNETTE	
STREET ADDRESS	10019 S.W. 77 COURT	
CITY-ST-ZIP	MIAMI FL	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Mariele	
STREET ADDRESS	7862 SW 102 Ln	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Slazas	
STREET ADDRESS	7787 SW 102 Ln	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cesarano, Teresa	
STREET ADDRESS	10081 SW 77 Ct	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Pilar	
STREET ADDRESS	10090 SW 77 Ct	
CITY-ST-ZIP	Miami, FL 33156	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REQUIRET Mariele Jones

3/10/00

Daytime Phone #

CR2E037 (9/99)