

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90504 014 \*\*\*\*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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-2802749</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SKRLD INC**  
**201 ALHAMBRA CIRCLE**  
**STE 1102**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JONES, MARIELE</b> <b>7862 SW 102 LN</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, LYNN</b> <b>10285 SW 102 LANE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SLAZAS, ROBERT</b> <b>7787 SW 102 LN</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CESERANO, TERESA</b> <b>10081 SW 77 CT</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PROBST, CHARLOTTE</b> <b>7873 S.W. 102 LANE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, PILAR</b> <b>10090 SW 77 CT</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jones, Mariele</b> <b>7862 SW 102 Lane</b> <b>Miami, FL, 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Brown, Lynn</b> <b>10285 SW 102 Lane</b> <b>Miami, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Slazas, Robert</b> <b>7787 SW 102 Lane</b> <b>Miami, FL. 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBERT SLAZAS, PRESIDENT 3/7/01 305-824-5297

CR2E037 (10/00)