

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90011 004 ****61.25

DOCUMENT # N15461

1. Entity Name

**DADELAND COVE SECTION ONE HOMEOWNERS' ASSOCIATIO
N, INC.**

Principal Place of Business

Mailing Address

% THE CONTINENTAL GROUP
12079 SW 131 AVENUE
MIAMI FL 33186
US% THE CONTINENTAL GROUP
12079 SW 131 AVENUE
MIAMI FL 33186
US

927197



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2802749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GURNTHOR, JOYCE G
10723 SW 104 STREET
MIAMI FL 33176

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 \$61.259. 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 **D** ☐ Delete
NAME **JONES, MARIELE**
STREET ADDRESS **7862 SW 102 LN**
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **BROWN, LYNN**
STREET ADDRESS **10285 SW 102 LANE**
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **SLAZAS, ROBERT**
STREET ADDRESS **7787 SW 102 LN**
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **CESERANO, TERESA**
STREET ADDRESS **10081 SW 77 CT**
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **PROBST, CHARLOTTE**
STREET ADDRESS **7873 S.W. 102 LANE**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CLARK, PILAR**
STREET ADDRESS **10090 SW 77 CT**
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SLAZAS, PRESIDENT

Date

1/29/02

Daytime Phone #

305-824-3297

CR2E037 (9/01)