



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90022 046 ****61.25

DOCUMENT # N15461 1. Entity Name DADELAND COVE SECTION ONE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % THE CONTINENTAL GROUP 12079 SW 131 AVENUE MIAMI, FL 33186 US			Mailing Address % THE CONTINENTAL GROUP 12079 SW 131 AVENUE MIAMI, FL 33186 US		
2. Principal Place of Business 11981 S.W. 144 Ct Suite, Apt. #, etc. Suite 201 City & State MIAMI Florida Zip 33186			3. Mailing Address 11981 S.W. 144 Ct Suite, Apt. #, etc. Suite 201 City & State MIAMI Florida Zip 33186		
4. FEI Number 59-2802749			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01212004 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent GURNTHER, JOYCE G 10723 SW 104 STREET MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME JONES, MARIELE STREET ADDRESS 7862 SW 102 LN CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE PRES NAME ALEXANDER PALENCIA STREET ADDRESS 10205 SW 77 CT CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME BROWN, LYNN STREET ADDRESS 10285 SW 102 LANE CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE VP NAME KARIM BAYZID STREET ADDRESS 7813 SW 102 LN CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME SLAZAS, ROBERT STREET ADDRESS 7787 SW 102 LN CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE NAME SANDRA ALLEN (SD) STREET ADDRESS 10071 SW 77 CT CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME CESERANO, TERESA STREET ADDRESS 10081 SW 77 CT CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME PROBST, CHARLOTTE STREET ADDRESS 7873 S.W. 102 LANE CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CLARK, PILAR STREET ADDRESS 10090 SW 77 CT CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		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: 			ALEXANDER PALENCIA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/2/04 305.595.4619 Date Daytime Phone #		

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