

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-13-2000 90006 031 ****61.25

DOCUMENT # N16751

1. Entity Name

THE BILTMORE AT CORAL LAKES HOMEOWNERS' ASSOCIAT

R

Principal Place of Business

Mailing Address

C/O P & M MANAGEMENT #312
 400 SW 107TH AVE.
 MIAMI FL 33174
 US

P.O. BOX 960656
 MIAMI FL 33296-0656



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

65-0045050

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

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
MIAMI 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	PP	<input type="checkbox"/> Delete
NAME	QUINONES, NERY	
STREET ADDRESS	110 N.W. 85TH CT.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REYES, MAIKA	
STREET ADDRESS	8510 NW 1 TERR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, JOHN	
STREET ADDRESS	228 N.W. 85TH CT.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS A. MURQUIA	
STREET ADDRESS	237 NW 85 CT	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	YPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA IZAYA	
STREET ADDRESS	8530 NW 1 TERR.	
CITY-ST-ZIP	MIAMI-FL 33126	
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000
 Date

264-3438
 Daytime Phone #

CP2E037 (9/99)