

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90954 013 ****61.25

DOCUMENT # N16751

1. Entity Name

THE BILTMORE AT CORAL LAKES HOMEOWNERS' ASSOCIAT

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

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



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
 SUITE 1102
 MIAMI FL 33134

Name **CARLOS R. CASO P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1300 CORAL WAY SUITE 301

City **MIAMI**

FL

Zip Code **33145**

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

Carlos R. Caso

4/26/01

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 NAME Delete
PD QUINONES, NERY
 STREET ADDRESS **110 N.W. 85TH CT.**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
TD REYES, MAIKA
 STREET ADDRESS **8510 NW 1 TERR**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE NAME Change Addition
TD CARLOS MUAQUIA
 STREET ADDRESS **237 NW 85 COURT**
 CITY-ST-ZIP **MIAMI - FL 33126**

TITLE NAME Delete
SD GARCIA, JOHN
 STREET ADDRESS **228 N.W. 85TH CT.**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE NAME Change Addition
SD MARIA P. ISAZA
 STREET ADDRESS **8530 NW 1 TERRACE**
 CITY-ST-ZIP **MIAMI - FL 33126**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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 REQUIRED

4/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)