

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90025 005 ****61.25

DOCUMENT # *N17467*
 1. Entity Name
CORAL GATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. Box 450215
MIAMI, FL 33245

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number *59-2928865* Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NIGHTBERGER, SEYMOUR
1811 CORAL GATE DR.
MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name *WILMA M. DICK*
 Street Address (P.O. Box Number is Not Acceptable) *1670 S.W. 32 COURT*
 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 *Wilma M. Dick - WILMA M. DICK, TREAS.* DATE *3-8-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | <i>P/D</i> | <input checked="" type="checkbox"/> Delete |
| NAME | <i>ROBERT VALLEDOR</i> | |
| STREET ADDRESS | <i>3324 SW 20 ST.</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33145</i> | |
| TITLE | <i>V/D</i> | <input checked="" type="checkbox"/> Delete |
| NAME | <i>DORIS SCHEER</i> | |
| STREET ADDRESS | <i>1840 CORAL GATE DR.</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33145</i> | |
| TITLE | <i>S/D</i> | <input type="checkbox"/> Delete |
| NAME | <i>GRACE GARRIDO</i> | |
| STREET ADDRESS | <i>3620 S.W. 20 ST.</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33145</i> | |
| TITLE | <i>T/D</i> | <input checked="" type="checkbox"/> Delete |
| NAME | <i>SEYMOUR NICHBERGER</i> | |
| STREET ADDRESS | <i>1811 CORAL GATE DR.</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33145</i> | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | <i>P/MARY</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>ANDREU</i> | |
| STREET ADDRESS | <i>3270 S.W. 16 TERR.</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33145</i> | |
| TITLE | <i>V/D</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>EDWARD LYDEN</i> | |
| STREET ADDRESS | <i>1931 SW 36 AVE.</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33145</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <i>T/D</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>WILMA M. DICK</i> | |
| STREET ADDRESS | <i>1670 S.W. 32 COURT</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33145</i> | |
| 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: *Wilma M. Dick - WILMA M. DICK - TREAS* DATE *3-8-00* 305-445-3898
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)