

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17834

1. Entity Name

FANTASY HEIGHTS PROPERTY-OWNERS' ASSOCIATION, IN

Principal Place of Business

155 OCEAN LANE DR
1001-W
KEY BISCAYNE FL 33149

Mailing Address

155 OCEAN LANE DR
1001-W
KEY BISCAYNE FL 33149-1459

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

NOT APPLICABLE

Applied For

Not Applicable

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

LOPEZ-MUNOZ, GUSTAVO
C/O GUSTAVO LOPEZ-MUNOZ
147 ALHAMBRA CIRCLE, #218
CORAL GABLES 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 PD ☐ Delete
NAME LOPEZ-MUNOZ, GUSTAVO
STREET ADDRESS 155 OCEAN LANE DR #1001-W
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LOPEZ-MUNOZ, MARIA ROSA
STREET ADDRESS 155 OCEAN LANE DR #1001-W
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALVAREZ, SANTIAGO J
STREET ADDRESS 3775 KUMQUAT AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Gustavo Lopez-Munoz
GUSTAVO LOPEZ-MUNOZ
President

1/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90111 030 ****61.25



DO NOT WRITE IN THIS SPACE