

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19585

1. Entity Name

PARKDALE HEIGHTS & LYNDALE HOMEOWNERS ASSOCIATIO

Principal Place of Business

3110 SW 19 TER
MIAMI FL 33145
US

Mailing Address

31 10 SW 19 TER
MIAMI FL 33145-1938
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MORA, CARIDAD L.
3110 S.W. 19 TERRACE
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MORA, CARIDAD L.
STREET ADDRESS 3110 S.W. 19 TER.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME RODRIGUEZ, RAUL
STREET ADDRESS 3185 S.W. 19 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME GARCIA, JULIO, JR.
STREET ADDRESS 3125 S.W. 19 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD
NAME CABAL, YOLANDA
STREET ADDRESS 311 SW 19 TERR
CITY-ST-ZIP MIAMI FL ☐ Delete
DECEASED

TITLE D
NAME BROWNING, ALFRED
STREET ADDRESS 3098 S.W. 19 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME NIMER, WILLIAM
STREET ADDRESS 3101 SW 19 TERR
CITY-ST-ZIP MIAMI FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE SD
NAME THELMA SABAAA
STREET ADDRESS 3095 S.W. 19 TER
CITY-ST-ZIP MIAMI, FL 33145 ☒ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90140 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)