2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19585

1. Entity Name

PARKDALE HEIGHTS & LYNDALE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3110 SW 19 TER MIAMI FL 33145 US	31 10 SW 19 TER MIAMI FL 33145 US

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

☐ CHECK HERE IF MAKING CHANGES

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
MORA, CARIDAD L. 3110 S.W. 19 TERRACE MIAMI FL 33145	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MORA, CARIDAD L.	NAME	
STREET ADDRESS	3110 S.W. 19 TER.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	☐ Delete
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, RAUL	NAME	
STREET ADDRESS	3185 S.W. 19 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	☐ Delete
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	GARCIA, JULIO, JR.	NAME	
STREET ADDRESS	3125 S.W. 19 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	☐ Delete
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	SABALA, THELMA	NAME	
STREET ADDRESS	3095 SW 19TH TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	CITY-ST-ZIP	☐ Delete
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MARCOS, VICTOR	NAME	
STREET ADDRESS	3190 SW 19TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	CITY-ST-ZIP	☐ Delete
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	NIMER, WILLIAM	NAME	
STREET ADDRESS	3101 SW 19 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	☐ Delete

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: _____ 7/28/03

CR2E037 (10/02)