2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # N20588** Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** STONEYBROOK AT COUNTRY WALK HOMEOWNERS ASSOCIATI 02-23-2000 90011 036 ****70.00 Principal Place of Business Mailing Address 14601 COUNTRY WALK DR P.O. BOX 924176 HOMESTEAD FL 33092-4176 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0036800 Not Applicable Zip Country Zip Country \$8.75 Additional -5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GOODMAN, GUENTHER J 10723 SW 104 ST **MIAMI FL 33176** City Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD ☐ Delete ☐ Addition TITLE TITLE MENDEZ, CARLOS NAME NAME STREET ADDRESS 14601 COUNTRY WALK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Addition SD ☐ Delete TITLE ☐ Change TITLE EMANUEL, LOISBETH NAME NAME STREET ADDRESS 14511 SW 138TH PLACE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33186 ☐ Delete Change ☐ Addition TD TITLE TITLE RICHMAN, STEVEN NAME NAME STREET ADDRESS 14601 COUNTRY WALK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Addition Change TITLE ☐ Delete TITLE DAWES, ORY M. 14601 COUNTRY WAIK DR ORTIZ, PABLO NAME NAME STREET ADDRESS 14601 COUNTRY WALK DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition Delete Change TITLE Menendez, carlos NAME 14601 COUNTRY WALK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #