

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20588

1. Entity Name

STONEBROOK AT COUNTRY WALK HOMEOWNERS ASSOCIATI

Principal Place of Business

14601 COUNTRY WALK DR
MIAMI FL 33186
US

Mailing Address

P.O. BOX 924176
HOMESTEAD FL 33092
US

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

65-0036800

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

GOODMAN, GUENTHER J
10723 SW 104 ST
MIAMI FL 33176

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD MENDEZ, CARLOS 14601 COUNTRY WALK DR MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EMANUEL, LOISBETH 14511 SW 138TH PLACE MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHMAN, STEVEN 14601 COUNTRY WALK DR MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, PABLO 14601 COUNTRY WALK DRIVE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAWES, ORY M 14601 COUNTRY WALK DRIVE MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETZ, PAUL 14601 COUNTRY WALK DR MIAMI FL 33186	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90288 021 *****70.00

00011830



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)