2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90338 038 ****61.25

0065353

DOCUMENT # N21147

1. Entity Name

ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 970546 COCONUT CREEK FL 33096 US	P.O. BOX 970546 COCONUT CREEK FL 33096 US

DO NOT WRITE IN THIS SPACE

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 65-0037417 ☐ 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
KING, CATHY 3331 N.W. 71ST STREET P.O. BOX 970546 COCONUT CREEK FL 33097	Name BRYCE RUSSELL Street Address (P.O. Box Number is Not Acceptable) 3320 N.W. 71 STREET P.O. Box 970546 City Coconut Creek FL Zip Code 33097

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 B. Russell FEB. 9 2001

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	PD KING, CATHY P.O. BOX 970346 COCONUT CREEK FL 33097	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINGAL, MYRA P.O. BOX 970546 COCONUT CREEK FL 33097	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINEAL, MYRA P.O. Box 970546 Coconut Creek, FL 33097 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUSSELL, BRYCE P.O. BOX 970546 COCONUT CREEK FL 33097	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSSELL, BRYCE P.O. Box 970546 Coconut Creek FL 33097 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARRISH, WILLIAM P.O. BOX 970546 COCONUT CREEK FL 33097	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, CHARLES P.O. Box 970546 Coconut Creek, FL 33097 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JUSTICE, KAREN P.O. BOX 970546 COCONUT CREEK FL 33097	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIONNE, KEVIN P.O. Box 970546 Coconut Creek, FL 33097 ☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED Pres. Dent 2/9/01 (954)426-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #