

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91113 007 ****61.25

DOCUMENT # N22394

1. Entity Name

THE CRICKET CLUBHOUSE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

1650 N.E. 115 STREET
 MIAMI FL 33181
 US

1650 N.E. 115 STREET
 MIAMI FL 33181
 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

65-0021061

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

~~GABLE, MICHAEL P~~
~~4000 HOLLYWOOD BLVD~~
~~STE 405-S~~
~~HOLLYWOOD FL 33026-3744~~

Name **BECKER + POLIAKOFF, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
5201 LAGOON DRIVE #100
 City **MIAMI** FL Zip Code **33126**

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

SENT IN 2/01 (COPY ATTACHED)

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	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, RHONDA E	
STREET ADDRESS	1650 NE 115 ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, IGNACIO	
STREET ADDRESS	1650 NE ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ARENA, MARIA	
STREET ADDRESS	1650 NE 115 ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	CHRISTINE ANTONIO	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE BYRNE	
STREET ADDRESS	1650 NE 115 ST #408	
CITY-ST-ZIP	MIAMI - FL. 33181	
TITLE	D-VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA ARENA	
STREET ADDRESS	1650 NE 115 ST #104	
CITY-ST-ZIP	MIAMI - FL. 33181	
TITLE	D-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE ANTONIO	
STREET ADDRESS	1650 NE 115 ST #401	
CITY-ST-ZIP	MIAMI - FL. 33181	
TITLE	D-VP (2ND)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT GONZALEZ	
STREET ADDRESS	1650 NE 115 ST #602	
CITY-ST-ZIP	MIAMI - FL. 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 895-0017

CR2E037 (10/00)

attachment
10# W223911

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

B0015894

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CRICKET CLUBHOUSE CONDOMINIUM ASSOC. INC.

2. The mailing address of the corporation: 1650 NE 115 ST.
MIAMI - FL. 33181

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and registered office:
MICHAEL P. GABLE

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

David H. Rogel, Esquire
Becker & Poliakoff, P.A.
5201 Blue Lagoon Drive, Suite #100, Miami, FL 33126

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Christina Antonio, President
(Signature of an officer, chairman or vice chairman of the board)

2/1/01
(Date)

CHRISTINA ANTONIO President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

2/19/01
(Date)

If signing on behalf of an entity:

DAVID H. ROGEL Attorney
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***