

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

01-24-2002 90180 015 ****61.25

DOCUMENT # N25112

1. Entity Name

PASADENA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~20351 NW 3 STREET
 PEMBROKE PINES FL 33029
 US~~ **DELETE**

~~20351 NW 3 STREET
 PEMBROKE PINES FL 33029
 US~~ **DELETE**

73596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

420 N.W. 202 WAY

3. Mailing Address

420 N.W. 202 WAY

Suite, Apt. #, etc.

PASADENA ESTATES

Suite, Apt. #, etc.

PASADENA ESTATES

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0100365

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 33029

Country US

Zip 33029

Country US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~COEPPICUS, GERRY
 20351 NW 3 STREET
 PEMBROKE PINES FL 33029~~
**FORD B. COOK
 420 N.W. 202 WAY
 PEMBROKE PINES, FL
 33029**

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

Ford B. Cook

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-02

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	PDT	<input checked="" type="checkbox"/> Delete
NAME	COEPPICUS, GERRY	
STREET ADDRESS	20351 NW 3 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COEPPICUS, GABRIELA	
STREET ADDRESS	20351 N.W. 3 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	COOK, FORD	
STREET ADDRESS	420 NW 202 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, FORD - D	
STREET ADDRESS	420 N.W. 202 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE	& VICE PRESIDENT - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA SOMBY	
STREET ADDRESS	20360 NW 4TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL. 33029	
TITLE	Margaret Cook - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sec.	
STREET ADDRESS	420 NW 202 Way	
CITY-ST-ZIP	P. Pines FL. 33029	
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:

Ford B. Cook / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

305-778-1580

Daytime Phone

CR2E037 (9/01)