

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26275

1. Entity Name

3205 OWNERS ASSOCIATION, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90037 046 ****61.25

Principal Place of Business

3205 COLONY CLUB RD SUITE 4
 APT #3
 POMPANO BEACH FL 33062
 US

Mailing Address

3205 COLONY CLUB RD SUITE 4
 APT #3
 POMPANO BEACH FL 33062-4728
 US

2. Principal Place of Business

3205 Colony Club Road
 Suite, Apt. #, etc.
 4

3. Mailing Address

3205 Colony Club Road
 Suite, Apt. #, etc.
 4

City & State

Pompano Beach Florida
 Zip Country
 33062 Broward

City & State

Pompano Beach Florida
 Zip Country
 33062 Broward

4. FEI Number

65-0108832

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, ROBERT N
 3205 COLONY CLUB RD SUITE 4
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

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

TITLE	TO	<input type="checkbox"/> Delete
NAME	BROOKS, ROBERT N	
STREET ADDRESS	3205 COLONY CLUB RD SUITE 4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROOKS, INEZ L	
STREET ADDRESS	3205 COLONY CLUB RD SUITE 4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLIFTON, ELIZABETH L	
STREET ADDRESS	3205 COLONY CLUB ROAD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REID, HAROLD	
STREET ADDRESS	3205 COLONY CLUB RD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

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: Robert N. Brooks 02-10-00 (954) 785-8089
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #