

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29022

1. Entity Name

ANGELICA GARDENS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

8440 NW 190 TERR  
MIAMI FL 33015  
US

Mailing Address

8440 NW 190 TERR  
MIAMI FL 33152-0045  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip  
33015-5370

Country  
USA

3. Mailing Address

8440 NW 190 TERR

Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip  
33015-5370

Country  
USA

4. FEI Number

65-0133276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HEALY, JOHN III  
8497 NW 191 ST  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HERNANDEZ, DIANA  
8463 NW 189 ST RD  
MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PUGLIESE, MYRIAM  
8263 NW 188 TERRACE  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BARNETTE, ELLEN  
8625 NW 190 TERRACE  
MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MIGUEL PERULLAS  
19045 NW 85 AVENUE  
MIAMI FL 33015 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JOHN F HEALY III  
8497 NW 191 STREET  
MIAMI FL 33015 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALEX BSALES  
18810 NW 84 AVENUE  
MIAMI FL 33015 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CHRISTINE RAHE  
18834 NW 83 COURT  
MIAMI FL 33015 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARIO HERNANDEZ  
8463 NW 189 STREET ROAD  
MIAMI FL 33015 ☐ Change ☒ Addition

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  
JOHN F HEALY III

4-5-01

(305) 740-8442

Date

Daytime Phone #

CR2E037 (10/00)

04/11/2001

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90042 008 \*\*\*\*61.25

C0045143



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