

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-08-2000 90177 036 ****61.25

DOCUMENT # N30727

1. Entity Name

KILLIAN PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9716 SW 110 ST
 MIAMI FL 33176
 US

Mailing Address

P O BOX 165823
 MIAMI FL 33116-5823
 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

65-0105374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REHR, MICHAEL E. E
220 MIRACLE MILE
SUITE 238
CORAL GABLES FL 33134

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:
FEES 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	TD	<input type="checkbox"/> Delete
NAME	SHERIN, RICHARD	
STREET ADDRESS	9764 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, DAVID	
STREET ADDRESS	9716 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TORRESE	
STREET ADDRESS	9734 SW 111 TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINDS, BRENDA	
STREET ADDRESS	9818 SW 11TH TERR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEJNA, MICHAEL	
STREET ADDRESS	9816 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARLENE	
STREET ADDRESS	9702 SW 11TH TERR	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Addition
NAME	SD	
STREET ADDRESS	NORA BLUM	
CITY-ST-ZIP	9844 SW 111 TERR MIAMI, FL 33176	
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: _____

Richard E. E. Sherin Treas 1/31/2000 (305) 596-9564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #