

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90025 035 ****61.25

DOCUMENT # N37020

1. Corporation Name

THE BUCKHEAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

11672 N.W. 5TH STREET
PLANTATION FL 33325
US

Mailing Address

11672 N.W. 5TH STREET
PLANTATION FL 33325
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

65-0178282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WOODWARD, SHIRLEY
11672 N.W. 5TH STREET
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME KELLY, SUSIE
STREET ADDRESS 11624 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325

TITLE T ☐ DELETE

NAME COSTA, SUE
STREET ADDRESS 11700 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325

TITLE P ☐ DELETE

NAME WOODWARD, SHIRLEY
STREET ADDRESS 11672 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325

TITLE D ☐ DELETE

NAME SAVITZ, CAROL
STREET ADDRESS 11600 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325

TITLE D ☐ DELETE

NAME LOY, KEITH CHIN
STREET ADDRESS 11736 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition

1.2 NAME LUIGI DIMASE
1.3 STREET ADDRESS 11785 N.W. 5TH ST
1.4 CITY-ST-ZIP PLANTATION FL 33325

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME SAT PUNYANI
2.3 STREET ADDRESS 11613 N.W. 5TH ST
2.4 CITY-ST-ZIP PLANTATION FL 33325

3.1 TITLE P ☒ Change ☐ Addition

3.2 NAME ROBERT THORNTON
3.3 STREET ADDRESS 11718 N.W. 5TH ST
3.4 CITY-ST-ZIP PLANTATION FL 33325

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME CAROL SAVITZ
4.3 STREET ADDRESS 11600 N.W. 5TH ST
4.4 CITY-ST-ZIP PLANTATION FL 33325

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME BEN FROSCHE
5.3 STREET ADDRESS 11612 N.W. 5TH ST
5.4 CITY-ST-ZIP PLANTATION FL 33325

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/10/99

954-473-1192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)