2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # **N48695** 1. Entity Name 04-03-2001 90062 019 ****61.25 SCHENLEY PARK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 557104 POST OFFICE BOX 557104 MIAMI FL 33255-7104 MIAMI FL 33255-7104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0383766 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) LOPEZ, JOSE 5821 SW 31 STREET **MIAMI FL 33155** City Zip Code FL 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:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME MARTIN, MARIA NAME STREET ADDRESS **5946 SW 31 STREET** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** Director Change TITLE ☐ Delete TITLE Addition Tose 5821 SW31 St. NAME LOPEZ, JOSE NAME STREET ADDRESS STREET ADDRESS 5821 SW 31 ST CITY-ST-ZIP CITY-ST-ZIP --MADIL. MIAMI FL 33155 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME KARRENBERG, FREDERICK STREET ADDRESS STREET ADDRESS 6052 SW 26 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Delete TITLE ☐ Change ☐ Addition NAME SPEVAK-BREITER, MARCIA STREET ADDRESS STREET ADDRESS 5912 SW 31 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** TITLE ☐ Delete Change ☐ Addition NAME RODRIGUEZ, RALPH NAME STREET ADDRESS 2600 SW 57-AVE. STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33155 CITY-ST-ZIP TITLE Delete TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of changed, or on an attachment with trustee of powered to execute this report/as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR