

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90005 045 ****70.00

DOCUMENT #
 1. Entity Name **R** N51336
ARCOLA LAKE COMMUNITY ASSOCIATION

Principal Place of Business Mailing Address
MIAMI, FL **8415 N. W. 12th Avenue**
MIAMI, FL 33150

2. Principal Place of Business **Miami, FL** 3. Mailing Address **8415 N. W. 12th Ave.**
 Suite, Apt. #, etc. **8415 N. W. 12th. Ave** Suite, Apt. #, etc.

City & State **Miami, FL** City & State **Miami, FL**
 Zip **33150** Country **U. S. A.** Zip **33150** Country **USA**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00066900

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Rev, Irvin Elligan, Jr.
8431 N. W. 12th. Ave
Miami, FL 33150

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 _____ (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	P-T	<input type="checkbox"/> Delete
STREET ADDRESS	Shirley Lindsay	
CITY-ST-ZIP	8415 NW 12th Ave. Miami, FL 33150	
TITLE NAME	Irvin Elligan, Jr D-T	<input type="checkbox"/> Delete
STREET ADDRESS	8431 N. W. 12th. Ave.	
CITY-ST-ZIP	Miami, FL 33150	
TITLE NAME	Maria Jerkins D	<input type="checkbox"/> Delete
STREET ADDRESS	1066 N. W. 85th. St	
CITY-ST-ZIP	Miami FL 33150	
TITLE NAME	Louella Grayson D	<input type="checkbox"/> Delete
STREET ADDRESS	8465 NW 12th. Ave.	
CITY-ST-ZIP	Miami, FL 33150	
TITLE NAME	Dudley Pinder D	<input type="checkbox"/> Delete
STREET ADDRESS	1145 N. W. 83rd. St.	
CITY-ST-ZIP	Miami, FL 33150	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Irvin Elligan, Jr.*
Irvin Elligan, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-2000