

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

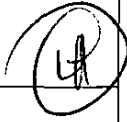
06-19-2001 90008 012 ****70.00

DOCUMENT #

N51336

1. Entity Name

ARCOLA LAKE COMMUNITY ASSOCIATION



Principal Place of Business

Mailing Address

MIAMI, FL

8415 N. W. 12th Avenue
 MIAMI, FL 33150

C0071289

2. Principal Place of Business

3. Mailing Address

MIAMI FL
 Suite, Apt. #, etc.

8415 N.W. 12th. Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

8415 NW 12th.Ave.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

Applied For

Not Applicable

Zip
 33150

Country
 USA

Zip
 33150

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rev, Irvin Elligan, Jr.
 8431 N. W. 12th. Ave
 Miami, FL 33150

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Irvin Elligan, Jr.

6-13-2001

CR2E037 (9/99)