

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90164 002 ****70.00

DOCUMENT # N51336

1. Entity Name
ARCOLA LAKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**8431 NW 12 AVENUE
MIAMI FL 33150**

Mailing Address

**8431 NW 12 AVENUE
MIAMI FL 33150**

2. Principal Place of Business

1076 NW 85 street

3. Mailing Address

1076 NW 85 street

Suite, Apt. #, etc.

none

Suite, Apt. #, etc.

none



CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **NOT APPLICABLE**

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

**ELLIGAN, IRVIN, JR.
8431 NW 12 AVE
MIAMI FL 33150**

7. Name and Address of New Registered Agent

Name **Bernadette Francis**

Street Address (P.O. Box Number is Not Acceptable)
1076 NW 85 street

City **MIAMI**

FL

Zip Code
33150

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bernadette Francis **President** **4/25/03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	Delete <input type="checkbox"/>
NAME	PINDER, DUDLEY	
STREET ADDRESS	1145 NW 83 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	WHEELER, JACK	Delete <input checked="" type="checkbox"/>
NAME	WHEELER, JACK	
STREET ADDRESS	8310 NW 10 AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	GRAYSON, LOUELLA	Delete <input checked="" type="checkbox"/>
NAME	GRAYSON, LOUELLA	
STREET ADDRESS	8465 NW 12 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	Delete <input type="checkbox"/>
NAME	ELLIGAN, IRVIN JR.	
STREET ADDRESS	8431 NW 12 AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	JERKINS, MARIA	Delete <input type="checkbox"/>
NAME	JERKINS, MARIA	
STREET ADDRESS	1066 NW 85 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	JOHNS, MRS J	Delete <input type="checkbox"/>
NAME	JOHNS, MRS J	
STREET ADDRESS	1175 NW 83 ST	
CITY-ST-ZIP	MIAMI FL 33150	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	Bernadette Francis	
STREET ADDRESS	1076 NW 85 street	
CITY-ST-ZIP	Miami, FL 33150	
TITLE	Rev. John E Johns	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	Rev. John E Johns	
STREET ADDRESS	1175 NW 83 street	
CITY-ST-ZIP	Miami, FL 33150	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: *Bernadette Francis* **President** **4/25/03** **305 694-9528**

CR2E037 (10/02)