

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90085 029 ****61.25

0048785

DOCUMENT # N51341

1. Entity Name

GALLOWAY ESTATES AT SNAPPER CREEK HOMEOWNERS ASS

Principal Place of Business

Mailing Address

9095 SW 87 AVE
 #777
 MIAMI FL 33176

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 #777
 MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Professional Management

Suite, Apt. #, etc.

9095 SW 87 Avenue, # 777

City & State

Miami, Florida

Zip

33176

Country

Miami-Dade

3. Mailing Address

c/o Professional Management

Suite, Apt. #, etc.

9095 SW 87 Avenue, # 777

City & State

Miami, Florida

Zip

33176

Country

Miami-Dade

4. FEI Number

65-0470187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA CAMPRA, ROSA
 BECKER & POLIAKOFF
 5201 BLUE LAGOON DR STE 100
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

SKRLD, INC.

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

201 ALHAMBRA CIRCLE

SUITE 1102

City

CORAL GABLES,

FL

Zip Code

33134

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 SKRLD, INC. BY LISA LERNER

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

Lisa Lerner

SECRETARY

3-29-01

(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 STREET ADDRESS CITY-ST-ZIP	PD LUCAS, HOWARD 8300 SW 84 TERR MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUGARMAN, CARL 8266 SW 85 TERR MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOCK, JAMES 8234 SW 85 TERR MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAPP, STEPHEN 8316 SW 84 TERR MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ENRIQUEZ, TIM 6232 SW 84 TERR MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 6232 SW 84 TERR MIAMI, FL. 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBEL, BONNIE 8406 SW 83 CT MIAMI, FL. 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Stephen Sapp

Stephen Sapp

4/10/01

305 284 4733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)