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utes; and that my name appears in Block 10 or Block 11 if

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am DOCUMENT # N93000001596 **Secretary of State** 1. Entity Name 03-19-2001 90448 036 \*\*\*\*61.25 ENCINO ESTATES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O MIAMI MANAGEMENT, INC. C/O MIAMI MANAGEMENT. INC. 1189 SAWGRASS CORPORATE PKWY. 1189 SAWGRASS CORPORATE PKWY. 817615 SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address FUUBUA SPI iya75 sw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0403450 MIAMI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33186 VSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) TRIAY, CARLOS 999 PONCE DE LEON BLVD **SUITE 1110** City Zip Code CORAL GABLES FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 🔀 Delete TITLE TITLE PD ☐ Change X Addition SOKOLON, MARVIN NAME NAME Nadler, Ervin STREET ADDRESS STREET AODRESS 15068 ENICO CIR S 1527 SW 151 Ave. CITY-ST-7IP CITY-ST-7IP PEMBORKE PINES FL 33027 Pembroke Pines, FL 33027 Addition TITI F X Delete TITLE ☐ Change VPD Reidy, Jim WHITEMAM, SHIRLEY NAME NAME 1622 SW 149 Ave. STREET ADDRESS 1608 SW 149 AVE STREET ADDRESS Pembroke Pines, FL 33027 CITY-ST-7IP CITY-ST-ZIP PEMBORKE PINES FL 33027 Delete $\overline{\mathrm{TD}}$ Addition TITLE TITLE Change KYNE, JAMES Murphy, Gerry NAME NAME STREET ADDRESS 1610 SW 149 AVE STREET ADDRESS 1607 SW 149 Ave. CITY-ST-ZIP CITY - ST - ZIP PEMBROKE PINES FL 33027 Pembroke Pines, FL 33027 ☐ Delete TITLE Change X Addition Carole Johnson 15013 SW 16 St. STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33027 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition Lesser, Stan NAME NAME 1619 SW 149 Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, FL ☐ Delete TITLE ☐ Addition TITLE Change 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 (19.07(3)), 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 local 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

changed, or on an attachment with an address, with all other like ef