

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90038 014 \*\*\*\*61.25

**DOCUMENT # N94000001249**

1. Entity Name

**VISTA FILARE, A COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

111 FONTAINBLEAU BLVD  
 MIAMI FL 33172  
 US

111 FONTAINBLEAU BLVD  
 MIAMI FL 33172-4507  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0471913**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~STIEGELE, ROBERT~~  
~~7200 N.W. 7TH STREET~~  
~~SUITE 300~~  
~~MIAMI FL 33126~~

Name **Guarantee Management Services**  
 Street Address (P.O. Box Number is Not Acceptable)  
**ATTN: SHARMAN L. KILLIAN, C.A.M.**  
**111 Fontainebleau Blvd.**  
 City **MIAMI** FL Zip Code **33172**

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

*Sharmen L. Killian, Community Assoc. Manager* 01/27/2000

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	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>NAVARRO, TEENA</del>	
STREET ADDRESS	<del>100 VISTA LUNA DR</del>	
CITY-ST-ZIP	<del>DAVIE FL 33325</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>HAAKER, MICHAEL</del>	
STREET ADDRESS	<del>226 VISTA VERDI</del>	
CITY-ST-ZIP	<del>DAVIE FL 33325</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>LING, GAIL M</del>	
STREET ADDRESS	<del>14641 VISTA VERDI ROAD</del>	
CITY-ST-ZIP	<del>DAVIE FL 33325</del>	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>DUGOMBE, JOHNNY</del>	
STREET ADDRESS	<del>210 VIA FIRENZA WAY</del>	
CITY-ST-ZIP	<del>DAVIE FL 33325</del>	
TITLE	<del>VPD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>IVES, LEON</del>	
STREET ADDRESS	<del>14624 VIA TIVOLI COURT</del>	
CITY-ST-ZIP	<del>DAVIE FL 33325</del>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>POWERS, GLENDA M</del>	
STREET ADDRESS	<del>14635 VIA TIVOLI COURT</del>	
CITY-ST-ZIP	<del>DAVIE FL 33325</del>	

TITLE	<b>P. D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANET REDDING, Pres.</b>	
STREET ADDRESS	<b>62 VIA MILAN Terrace</b>	
CITY-ST-ZIP	<b>DAVIE, FLA. 33325-6924</b>	
TITLE	<b>UP. D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAIL Ling, U.P.</b>	
STREET ADDRESS	<b>14641 VISTA Verdi Drive</b>	
CITY-ST-ZIP	<b>DAVIE, FL. 33325-6924</b>	
TITLE	<b>T. D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deborah Hausen, Trs.</b>	
STREET ADDRESS	<b>14621 VISTA Verdi Drive</b>	
CITY-ST-ZIP	<b>DAVIE, FL. 33325-6924</b>	
TITLE	<b>S. D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAREN DAVIS, Sec.</b>	
STREET ADDRESS	<b>244 VISTA Luna Drive</b>	
CITY-ST-ZIP	<b>DAVIE, FL. 33325-6924</b>	
TITLE	<b>D. ROSE Mora, Dir.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE Mora, Dir.</b>	
STREET ADDRESS	<b>14531 VISTA Verdi Drive</b>	
CITY-ST-ZIP	<b>DAVIE, FLA. 33325-6924</b>	
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:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

954-836-8348

Date Daytime Phone #

CR2E037 (9/99)