

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000000475**
 1. Entity Name
ST. GAUDENS/BAYVIEW HOME OWNERS ASSOC.

FILED
Apr 05, 2000 8:00 am
Secretary of State
 04-05-2000 90083 016 ****61.25

B0052535

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3608 ST. GAUDENS RD.
MIAMI FL 33133

2. Principal Place of Business 3. Mailing Address
3608 ST. GAUDENS RD **3608 ST. GAUDENS RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1

City & State City & State
MIAMI FL **MIAMI FL**

Zip Country Zip Country
33133 USA **33133 USA**

4. FEI Number Applied For
65-0651095 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAROLYN SHURMAN
3608 ST. GAUDENS RD
MIAMI FL 33133

7. Name and Address of New Registered Agent
 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 *Carolyn Shurman* **CAROLYN SHURMAN 3/13/00**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN SHURMAN <input type="checkbox"/> Delete 3608 ST. GAUDENS RD. MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHY HAMILTON <input type="checkbox"/> Delete 3600 ST. GAUDENS RD. MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED TSCHUMY <input type="checkbox"/> Delete 3610 BAYVIEW RD. MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Carolyn Shurman* **CAROLYN SHURMAN 3/13/00** **305 4466759**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)