

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90093 040 ****61.25

DOCUMENT # N95000002137

1. Entity Name

THE NANTUCKET COVE TOWNHOMES CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

525 BARGELLO
 CORAL GABLES FL 33146
 US

525 BARGELLO
 CORAL GABLES FL 33146-2708

2. Principal Place of Business

7500 SW 53 PL

3. Mailing Address

7500 SW 53 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
 33143

Country
 USA

Zip
 33143

Country
 USA

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

MILIAN, MARY HOERBER
 1825 PONCE DE LEON BLVD
 #296
 CORAL GABLES FL 33134

Name

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

7500 SW 53 PLACE

City

Miami

FL

Zip Code

33143

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)

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	PD	<input type="checkbox"/> Delete
NAME	MILIAN, JORGE L	
STREET ADDRESS	525 BARGELLO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILIAN, GEORGE	
STREET ADDRESS	2700 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MILIAN, MARILYN	
STREET ADDRESS	4945 ORDUNA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Hoerber Milian	
STREET ADDRESS	7500 SW 53 PL.	
CITY-ST-ZIP	Miami FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Mary Hoerber Milian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/00

Daytime Phone #

305-667-0399

CR2E037 (9/99)