

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

DOCUMENT # **N95000002137**

1. Entity Name

THE NANTUCKET COVE TOWNHOMES CONDOMINIUM ASSOCIA

09-06-2001 90307 002 *****8.75
 09-06-2001 90307 001 *****61.25

Principal Place of Business

Mailing Address

~~7500 SW 53 PLACE MIAMI FL 33143~~ **7016 SW 48th Lane Miami, FL 33155**
~~7500 SW 53 PLACE MIAMI FL 33143~~ **7016 SW 48th Lane Miami, FL 33155**

2. Principal Place of Business

3. Mailing Address **c/o J. Alexander Caldwell**

7016 SW 48th Lane

7016 SW 48th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

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
 1500 SW 58 PLACE
 MIAMI FL 33143~~

~~J. Alexander Caldwell
 7016 SW 48th Lane~~

Name **J. Alexander Caldwell**

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

7016 SW 48th Lane

City **Miami**

FL

Zip Code

33155

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

J. Alexander Caldwell

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

(NOTE: Registered agent signature required when reinstating)

J. Alexander Caldwell

DATE

8/10/01

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MILIAN, JORGE L	
STREET ADDRESS	526 BARGELLO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input checked="" 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, MARY H	
STREET ADDRESS	7800 SW 53 PLACE	
CITY-ST-ZIP	MIAMI FL 33143	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Todd B. Smith, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3263 Gifford Lane	
STREET ADDRESS	Miami, Florida 33133	
CITY-ST-ZIP		
TITLE	J. Alexander Caldwell, Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7016 SW 48th Lane	
STREET ADDRESS	Miami Florida 33155	
CITY-ST-ZIP		
TITLE	Angelina Kaye, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3267 Gifford Lane	
STREET ADDRESS	Miami, Florida 33133	
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		<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:

J. Alexander Caldwell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/01 305 777 2412
 Date Daytime Phone #

CRE037 (5/01)