

2002 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 30, 2002 8:00 am
Secretary of State

04-23-2002 90440 025 ****61.25

DOCUMENT # **N 95000002369**

1. Entity Name

Fiesta Homeowners Assoc INC

Principal Place of Business

Mailing Address

**4350 NW 19TH AVENUE
 STE C
 POMPAÑO BEACH FL 33064**

**410 RMC
 PO Box 92-0069
 BOCA RATON FL 33497**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0586974

Applied For

Not Applicable

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

**PAHOMBI, GARY
 4350 NW 19TH AVENUE STE C
 POMPAÑO BEACH FL 33064**

Name **GARY Palombi**

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

**410 RMC
 4350 NW 19th Ave Ste C
 Pompano Beach FL Zip Code 33064**

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 use 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	☒ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☒ Change ☐ Addition
NAME	PD Debbie Luongo
STREET ADDRESS	3358 CONCERT LANE
CITY-ST-ZIP	MARGATE FL 33063
TITLE	☒ Change ☐ Addition
NAME	FD Walter Zielinski
STREET ADDRESS	5514 PARADE A
CITY-ST-ZIP	MARGATE FL 33063
TITLE	☒ Change ☐ Addition
NAME	SD Theron Woods
STREET ADDRESS	3337 Celebration LANE
CITY-ST-ZIP	MARGATE FL 33063
TITLE	☒ Change ☐ Addition
NAME	D Jeffrey Kleiss
STREET ADDRESS	3385 Celebration LANE
CITY-ST-ZIP	MARGATE FL 33063
TITLE	☒ Change ☐ Addition
NAME	PA Cullins
STREET ADDRESS	3322 CONCERT LANE
CITY-ST-ZIP	MARGATE FL 33063
TITLE	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02

Date

Daytime Phone #

CR2037 (9/01)