NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90435 049 ****61.25

DOCUMENT # N95000002369

1. Entity Name
Fiesta Homeowners Assoc Inc

94064746

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2. Principal Place of Business	3. Mailing Address
4330 NW 19th Ave	
Suite, Apt. #, etc. Ste C	Suite, Apt. #, etc.
City & State Pompano Beach Fl	City & State
Zip 33064 Country USA	Zip Country

4. FEI Number 65-0586974 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Gary Palombi c/o RMC
Street Address (P.O. Box Number is Not Acceptable) 4330 NW 19th Ave Ste C
City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME Gerry Leuschen STREET ADDRESS 3373 Confetti Lne CITY-ST-ZIP Margate Fl 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME Debbie Luongo STREET ADDRESS CITY-ST-ZIP Margate Fl 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Pat Cullins STREET ADDRESS 3392 Concept Lne CITY-ST-ZIP Margate Fl 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #