

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90013 030 ****61.25

DOCUMENT # N96000000023

1. Entity Name

N.W. 29TH STREET HOMEOWNERS ASSOCIATION OF SUNRI

Principal Place of Business

**2822 NW 111 AVE
 SUNRISE FL 33322**

Mailing Address

**2822 NW 111 AVE
 SUNRISE FL 33322**

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

65-0637832

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

**RYAN, JEFF
 2822 NW 111 AVE
 SUNRISE FL 33322**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

Sept 8, 2001

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, JEFF	
STREET ADDRESS	2822 NW 111 AVE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIM, STEVE	
STREET ADDRESS	8690 NW 24 CT.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERKEL, BARBARA	
STREET ADDRESS	11145 NW 26 PL	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARDO, CHRISTINE	
STREET ADDRESS	10905 NW 26 PL	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WADIN, JOYCE	
STREET ADDRESS	11015 NW 27 ST	
CITY-ST-ZIP	SUNRISE FL 33322	
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		<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:

[Handwritten Signature]
SIGNATURE REQUIRED

Sept 8, 2001

CR2E037 (5/01)