

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90001 030 \*\*\*\*61.25

**DOCUMENT # N96000000514**

1. Entity Name

**PEACOCK'S POINT HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**%PROFESSIONAL MANAGEMENT INC**  
**9095 SW 87 AVE STE #777**  
**MIAMI FL 33176**  
**US**

**%PROFESSIONAL MANAGEMENT INC**  
**9095 SW 87 AVE STE #777**  
**MIAMI FL 33176**  
**US**

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

**65-0641191**

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

**PHILLIPS, EISINGER, KOSS & ROSENFEIDT**  
**ATTN: DENNIS J EISAGER**  
**4000 HOLLYWOOD BLVD #265 SOUTH**  
**HOLLYWOOD FL 33021**

Name **RICARDO De LA PAZ**

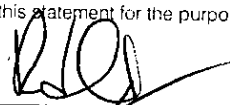
Street Address (P.O. Box Number is Not Acceptable)

**16520 S.W 99 ST**

City **MIAMI FL 33 FL** Zip Code **33196**

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



**4/5/02**

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**

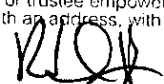
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MORALES, CESAR</b> <b>16471 SW 99 ST</b> <b>MIAMI FL 33196</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.</b> <b>GONZALEZ, NICOLAS</b>   <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DONGO, CARLOS</b> <b>16531 SW 99 ST</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DE LA PAZ, RICARDO</b> <b>16526 SW 99 ST</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DE LA PAZ, RICARDO</b> <b>16520 S.W 99 ST</b> <b>MIAMI FL 33196</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VARGAS, JAIME</b> <b>16530 SW 99 LN</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>VARGAS, JAIME</b> <b>16530 S.W 99 LN</b> <b>MIAMI FL 33196</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DE LA PAZ, RICHARD</b> <b>16526 SW 98 TERRACE</b> <b>MIAMI FL 33196</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:



**4/5/02** **305 740 5099** **ed**  
**214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037 (9/01)