

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000728

1. Entity Name

LANTATION ISLAND ESTATES HOMEOWNERS ASSOCIATION
INC.

Principal Place of Business

Mailing Address

~~0/0 PEDRO GARCIA-CARRILLO~~
~~14425 COUNTRY WALK DRIVE~~
~~MIAMI FL 33186~~
US

~~0/0 PEDRO GARCIA-CARRILLO~~
~~14425 COUNTRY WALK DRIVE~~
~~MIAMI FL 33186~~
US

2. Principal Place of Business

3. Mailing Address

301 W. CAMINO GARDENS BLVD
Suite, Apt. #, etc.
#200

301 W. CAMINO GARDENS BLVD
Suite, Apt. #, etc.
#200

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33432

Country
USA

4. FEI Number
65-0643193

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

HARRIS, ELLIOTT ESQ
111 SW 3RD STREET
SIXTH FLOOR
MIAMI FL 33130

Name
ANDREW GLEN
Street Address (P.O. Box Number is Not Acceptable)
301 W. CAMINO GARDENS BLVD #200
City BOCA RATON FL Zip Code 33432

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

A. GLEN

4/25/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-CARRILLO, PEDRO 14425 COUNTRY WALK DRIVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDRING, KENNETH D 14425 COUNTRY WALK DRIVE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ELLIOTT 111 S.W. 3RD STREET, 6TH FLOOR MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
P, D GOLDRING, KENNETH D 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL, 33432	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S, D HARRIS, ELLIOTT 301 CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T, D RAIMUNDO CASTELLANO 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL, 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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:

SIGNATURE REQUIRED

4/25/02

(561) 392-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90871 001 ****61.25



DO NOT WRITE IN THIS SPACE