## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N96000002732**

1. Entity Name

## **FILED** Jan 24, 2000 8:00 am Secretary of State

01-24-2000 90061 027 \*\*\*\*61.25

HOMEOWNER A	SSOCIATION	(STILLWATER)	INC.	,
		<b>\</b>		

1310 STILLWATER DR

Principal Place of Business

Mailing Address

1310 STILLWATER DR

MIAMI BEACH	H FL MIAMI BEACH FL 33141-1030			,	_				
		La Mallia Adda							
2. Principal i	rincipal Place of Business 3. Mailing Address		955			O OLIJIT BUDILI DUDILI BUDILI BUDILI B	<b>                                    </b>	<b>   </b>	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State			4. FEI Number 65-9683766 Applied For Not Applicable				
Zip	Country	Zip Country			5. Certificate of Status Desired				
6, Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
	<del></del>			Name	_			ļ	
GIARDINA, MICHAEL 1310 STILLWATER DR				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BE	EACH FL 33141			City FL Zip Code					
							<u>-                                    </u>		
8. The above	e named entity submits this statement	for the purpose of ch	anging its regis	itered office or registi	ered agent, or both, in t	ne state of Florida.		Ì	
			•						
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable	(NOTE: Begis	stered Agent signature requir	ed when reinstating)	DATE		<del></del>	
	Gigitatore, typed or printed reality of registrood ago	The title in approaches.	(14012.7109.0						
	FILE NOW 9: Election Campaign Fir			incing \$5	ing _ \$5.00 May Be Make Check Pa		Payable to	,	
	FEE IS \$61.25	Trust Fur	nd Contribution.		ed to Fees	Departmen			
10.	OFFICERS AND D	DIRECTORS	1	11,	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
TITLE	i D			TITLE	7.55711511576177170	<u> </u>	☐ Change	Addition	
NAME	GIARDINA, MICHAEL			NAME				[:	
STREET ADDRESS	1010 OTHERWINIER DIT			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP ,	MIAMI_BEACH FL						☐ Change	☐ Addition	
NAME ·	D RODRIGUEZ, ISABEL			TITLE NAME			□ Change	☐ Yourion (	
STREET ADDRESS	1.4			STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL			CITY-ST-ZIP	· · · · · ·		_		
TITLE	D			TITLE			Change	Addition	
NAME STREET ADDRESS	KAUFMAN, RON			NAME STREET ADDRESS				1	
CITY-ST-ZIP	1270 STILLWATER DR MIAMI_BEACH FL			CITY-ST-ZIP				{	
TITLE	INIMINI DEVOLLE		Delete	TITLE			Change	Addition	
NAME				NAME			ips and the St		
STREET ADDRESS			-	STREET ADDRESS CITY-ST-ZIP				}	
				TITLE			☐ Change	☐ Addition	
TITLE NAME		LI.		NAME			☐ onange	noution	
STREET ADDRESS			:	STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME Street address			•	}	
CITY-ST-ZIP				CITY-ST-ZIP	•			}	

12. Thereby 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

Date

Daytime Phone #