

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90270 026 ****61.25

DOCUMENT # N97000002512

1. Entity Name
GUMBO LIMBO VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 636 NE 13TH AVE FT. LAUDERDALE FL 33304 US		Mailing Address 636 NE 13TH AVE FT. LAUDERDALE FL 33304-2818 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 **59-3508668** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GRAY, JANET 634 NE 13TH AVE FT. LAUDERDALE FL 33304				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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, MARK			NAME			
STREET ADDRESS	632 NE 13TH AVE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYAN, DAVID			NAME			
STREET ADDRESS	626 NE 13TH AVE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWERS, ANDREW			NAME			
STREET ADDRESS	628 NE 13TH			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33330			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINTERO, LEONARDO			NAME			
STREET ADDRESS	630 NE 13TH AVE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, JANET			NAME			
STREET ADDRESS	634 NE 13TH AVE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: DAVID RYAN **DAVID RYAN** 4-27-00 (954) 524-1744

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

CR2ER37 (0/00)