

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90333 038 ****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 US
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C0030613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3508668		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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 Amy A Powers					
				Street Address (P.O. Box Number is Not Acceptable) 628 NE 13th Ave.					
				City Ft. Lauderdale		FL		Zip Code 33304	

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: *Janet H Gray* DATE: 2/25/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Makes Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD JOHNSTON, MARK STREET ADDRESS 632 NE 13TH AVE CITY-ST-ZIP FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME SD Amy A Powers STREET ADDRESS 628 NE 13th Ave CITY-ST-ZIP Ft. Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD RYAN, DAVID STREET ADDRESS 626 NE 13TH AVE CITY-ST-ZIP FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD POWERS, ANDREW STREET ADDRESS 628 NE 13TH CITY-ST-ZIP FT LAUDERDALE FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D QUINTERO, LEONARDO STREET ADDRESS 630 NE 13TH AVE CITY-ST-ZIP FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD GRAY, JANET STREET ADDRESS 634 NE 13TH AVE CITY-ST-ZIP FT LAUDERDALE FL 33304	<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	<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: *Janet H Gray* DATE: 3/01/01 DAYTIME PHONE #: 954-523-6935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/00)