

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91315 008 ****61.25

DOCUMENT # N97000006787

1. Entity Name
BAHIA MIRAMAR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**12323 SW 55TH STREET
#1002
COOPER CITY FL 33330
US**

Mailing Address

**12323 SW 55TH STREET
#1002
COOPER CITY FL 33330
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0880701

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LANDMARK MANAGEMENT
12323 SW 55 STREET
COOPER CITY FL 33330**

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. I am familiar with, and accept the obligations of registered agent.

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. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME DECOCO, JAMES
STREET ADDRESS 5330 SW 126 AVE
CITY-ST-ZIP MIRAMAR FL 33027

☐ Change ☐ Addition

TITLE VD ☐ Delete
NAME ROMERO, JUAN
STREET ADDRESS 12617 SW 53RD CT
CITY-ST-ZIP MIRAMAR FL 33027

PD ☒ Change ☐ Addition

TITLE TSD ☐ Delete
NAME CRUZ, JUAN C
STREET ADDRESS 12495 SW 53RD ST
CITY-ST-ZIP MIRAMAR FL 33027

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME LOTTI GARVIN
STREET ADDRESS 12558 SW 53RD AVE
CITY-ST-ZIP MIRAMAR FLORIDA 33027

☐ Change ☒ Addition

TITLE ☐ Delete
NAME LISA MANANZAN
STREET ADDRESS 5419 SW 126 TERRACE
CITY-ST-ZIP MIRAMAR FLORIDA 33027

SD ☐ Change ☒ 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

CR2E037 (10/02)