2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90214 010 ****61.25

DOCUMENT # N98000000815

1. Entity Name

GARDENS ESTATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14425 COUNTRY WALK DR MIAMI FL 33186	300 ARAGON AVENUE SUITE 205 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 Aragon Ave	
Suite, Apt. #, etc.: Suite #205	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 Country: USA	Zip Country

4. FEI Number 65-0939705 ☐ Applied For ☐ Not Applicable

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
SCHUMER, KARL 200 S BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131	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. ☐ **$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	DP CARRILLO, MICHAEL G 14425 COUNTRY WALK DR MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Fausto Gonzalez 12587 S.W. 121st Avenue Miami, Fl 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHUMER, KARL J 200 SO BISCAYNE BLVD MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS David Ramirez 12075 S.W. 126 st street Miami, Fl 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GARCIA CORRITO, PEDRO 14425 COUNTY WALK DR. MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Shawn Toller 12463 S.W. 119th Place Miami Fl 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Aidan J. Sullivan 11951 S.W. 124th Terrace Miami Fl 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Fausto Gonzalez REQUIRED 01/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #