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

Mailing Address

SUITE 205

300 ARAGON AVENUE

3. Mailing Address

City & State

Zip

CORAL GABLES FL 33134

Suite, Apt. #, etc.

DOCUMENT # N98000000815

Country

6. Name and Address of Current Registered Agent

1. Entity Name

300 ARAGON AVE

SUITE #205

Principal Place of Business

CORAL GABLES FL 33134

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

GARDENS ESTATE HOMEOWNERS ASSOCIATION, INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90079 031 ****61.25

90024230

☐ CHECK HERE IF MAKING CHANGES									
4. FEI Number 65-0939705				Applied For Not Applicable					
5. Certificate of	f Status Desired	atus Desired							
7. Name and Address of New Registered Agent									

SCHUMER, KARL 200 S BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131

			City		FL	Zip Coa	e
	e named entity submits this statement for the purp tions of registered agent.	oose of changing its re	gistered office or	registered agent, or both, in	the State of Florida. I am f	amiliar with,	and accept
SIGNATURE							
	Signature, typed or printed name of registered agent and title if app	plicable. (NOTE: Re	egistered Agent signatu	re required when reinstating)	DATE		
المستوار والمحارض المستوار	FILE NOW: FEE IS \$61.25	9. Election Campa Trust Fund Con	•	\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	ES TO OFFICERS AND DIF	RECTORS IN	10
TITLE	DP	Delete	TITLE	Director/Pi		Change	☐ Addition
NAME	GONZALEZ, FAUSTO	/ 1	NAME	Aidan SU 11	ivan	, -	
STREET ADDRESS	12587 S W 121ST AVENUE		STREET ADDRESS	119515.61.1	24 K Terrac	د	
CITY-\$T-ZIP	MIAMI FL 33186		CITY-ST-ZIP	M1441; Fl 3	3186		
TITLE	DS	Delete	TITLE	Director/VI		☐ Change	Addition
NAME	RAMIREZ, DAVID	/ \	NAME	7/1931 5.65-1	JUN Terroc	_	•
STREET ADDRESS	12075 S W 126TH STREET		STREET ADDRESS	Juan Migue	/ Rodrique	ح	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	Migyl, Fl.			
TITLE	DT	☐ Delete	TITLE			Change	Addition
NAME	TOLLEY, SHAWN	_ 00,0.0	NAME				_
STREET ADDRESS	12463 S W 119TH PLACE		STREET ADDRESS				ĺ
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP				1
TITLE	DVP	Delete	TITLE	Director 13	ecretary	Change	Addition
NAME	SULLIVAN, AIDAN J	/~	NAME .	J. Told Be. 12467 S.W.		~	
STREET ADDRESS	11951 S W 124TH TERRACE		STREET ADDRESS	17417 511	ist Avenue		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	M1041, Fl 3	3186		
TITLE		☐ Delete	TITLE		-	☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				-

Country

Street Address (P.O. Box Number is Not Acceptable)

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 one-ownered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🗷

STREET ADDRESS

CITY-ST-ZIP

SICHATURE RESURED

2/8/03

Douting Phone #