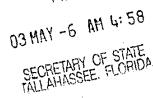
## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002139





## MIAMI GARDENS HOMEOWNERS ASSOCIATION, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business c/o William Moritz c/o William Moritz Suite, Apt. #, etc. 111 Ronald Road Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 111 Ronald Road City & State Hollywood City & State 4. FEI Number Applied For Hollywood 65-0895791 Not Applicable \$8.75 Additional Fee Required 33023 33023 US of A 5. Certificate of Status Desired US of A 7. Name and Address of Current Registered Agent William Moritz DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 111 Ronald Road IN THIS SPACE Zip Code 33023 Hollywood 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Floride Department of State Added to Fees 10. OFFICERS AND DIRECTORS PD Laura Driver NAME NAME 15 Miami Gardens Road STREET ADDRESS STREET ADDRESS Hollywood, Fl. 33023 CITY-ST-ZIP CITY-ST-ZIP TTLE TILE ... **VPD** William Moritz NAME HAME. 9 50001831747 111 Ronald Road STREET ADDRESS STREET ADDRESS 05/07/03<del>++</del>01014+-002 Hollywood, FL 33023 CHY-ST-ZP CITY ST DP. TILE NAME TITLE Cristina Eveillard SD 101 Edmund Road STREET ADDRESS STREET ADORESS DO-NOT-WRITE Hollywood, FI 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE! TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-51-22 CITY-SI-ZIP TITLE HAME . . . . NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZP TITLE TITLE . NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 on an attraction, with all other like proporated.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTO

Flores

Daysme Phone #