

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000002437**

1. Entity Name

ADDISON COURT AT WYNDHAM LAKE HOMEOWNERS' ASSOCI

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90174 002 ****61.25

Principal Place of Business 2460 S.W. 137 AVENUE #250 MIAMI FL 33175 US	Mailing Address 2460 S.W. 137 AVENUE #250 MIAMI FL 33175-6399 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 953 University Drive Suite, Apt. #, etc.	3. Mailing Address P.O. Box 8726 Suite, Apt. #, etc.
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City & State Coral Springs, FL	City & State Coral Springs, FL	4. FEI Number 65-0858012	Applied For <input type="checkbox"/> Not Applicable
Zip 33071	Country U.S.A.	Zip 33075	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GREENFIELD, STEVEN B ESQ.
7000 WEST PALMETTO PARK ROAD
SUITE 402
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

TITLE PD	<input type="checkbox"/> Delete
NAME ROSADO, RAFAEL	
STREET ADDRESS 2460 S.W. 137 AVENUE, SUITE 250	
CITY-ST-ZIP MIAMI FL 33175	
TITLE VD	<input type="checkbox"/> Delete
NAME ABBO, FREDDY	
STREET ADDRESS 2460 S.W. 137 AVENUE, SUITE 250	
CITY-ST-ZIP MIAMI FL 33175	
TITLE STD	<input type="checkbox"/> Delete
NAME ABBO, EVA	
STREET ADDRESS 2460 S.W. 137 AVENUE, SUITE 250	
CITY-ST-ZIP MIAMI FL 33175	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3-21-2000** **954/227-3360**
Date Daytime Phone #

CFR2E037 (9/99)