FROM : NORMANS FAX NO. : 3054467909

FILED
Jun 05, 2000 8:00 am
Secretary of State
05-01-2000 90434 044 ****61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005166

1. Entity Name

SIDONIA VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
24 & 30 SIDONIA AVE. CORAL GABLES FL 33134	9600 SW 64 ST MIAMI FL 33173-2254

DO NOT WRITE IN THIS SPACE
650902234

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. unit #3A
City & State	City & State Coral Gables, Florida
Zip / County	Zip / Country 33134 / MIAMI-DADE

4. FEI Number: APPLIED FOR ☒ 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
RITTER, JOHN A 555 N.E. 15TH ST., STE. 100 MIAMI FL 33132	Name: FRANK J. SEGREDO Street Address (P.O. Box Number is Not Acceptable): 901 Ponce de leon Blvd Suite 601 City: Coral Gables FL Zip Code: 33134

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: F.J. Segredo
Signature(s) must be that 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	DPS FIGUEROA, SIXTO 24 & 30 SIDONIA AVE. CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS FRANCISCO FERRERO 24 SIDONIA UNIT 3A Coral Gables, Fl 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT FIGUEROA, SUSY M 24 & 30 SIDONIA AVE. CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT GUILLERMO M. ROSALES 30 SIDONIA UNIT 3B Coral Gables, Fl 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CEDALLOS, JUAN 24 & 30 SIDONIA AVE. CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STACY SUTPHIN-HOLDER 24 SIDONIA UNIT 1A Coral Gables, Fl 33134	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: F.J. Segredo Coral Gables DVPT 4-27-00 3059799504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #