

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 15, 2002 8:00 am Secretary of State

07-02-2002 90808 024 ****61.25

DOCUMENT # N99000000183

1. Entity Name

CORAL VILLAS HOME OWNERS ASSOCIATION INC. ✓

Principal Place of Business

13872 S.W. 153RD TERRACE
MIAMI FL 33177

Mailing Address

13864 SW 153 TERRACE
MIAMI FL 33177

2. Principal Place of Business

13864 SW 153 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

13864 SW 153 TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0887748

Applied For

Not Applicable

Zip

33177

Country

Zip

33177

Country

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

Name EDDIE-DIAZ

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

13864 SW 153 TERRACE

City MIAMI

FL

Zip Code 33177

HERNANDEZ, RAYMOND
13872 S.W. 153RD TERRACE
MIAMI FL 33177

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

EDDIE DIAZ

27 JUN 02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RIQUELME	
STREET ADDRESS	13832 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, EDDIE	
STREET ADDRESS	13864 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, RAYMOND	
STREET ADDRESS	13872 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDIE DIAZ	
STREET ADDRESS	13864 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	ALEXANDER S. VI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER S. VI	
STREET ADDRESS	13879 SW 152 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
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		

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:

27 JUN 02

305 278-7961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #