

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2000 90057 008 ****61.25

DOCUMENT # N99000007307

1. Entity Name

MELROSE AT VENETIAN/VERONA MASTER ASSOCIATION, I

Principal Place of Business

12230 FOREST HILL BLVD., #150
WELLINGTON FL 33414

Mailing Address

12230 FOREST HILL BLVD., #150
WELLINGTON FL 33414C/O GNS
3900

LORE WORM, FC 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

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

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., STE. 2800
MIAMI FL 33131

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	COLLINS, WALTER C	312 S.E. 17 ST., STE. 300	FT. LAUDERDALE FL 33316				
	D						
	HERNANDEZ, TIMOTHY L	1350 E. NEWPORT CENTER DR., STE. 200	DEERFIELD BEACH FL 33442				
	D						
	DREWS, ROBERT	12230 FOREST HILL BLVD, STE. 150	WELLINGTON FL 33414				
	D						
	BORKENHAGEN, KEVIN	12230 FOREST HILL BLVD, STE. 150	WELLINGTON FL 33414				
	D						
	HANLON, ANN	9366 TALWAY CIR.	BOYNTON BEACH FL 33437				
	D						
	BOWSER, SHERRY	9366 TALWAY CIR.	BOYNTON BEACH FL 33437				

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:

Robert W. [Signature]
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000

Date

Daytime Phone #

CR2E037 (9/99)