

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90030 050 ***558.75

DOCUMENT # P93000038992
 1. Entity Name
OPA LOCKA - PARK CITY, INC.

Principal Place of Business C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20 OPA LOCKA FL 33054	Mailing Address C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20 OPA LOCKA FL 33054-3563
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0421308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BALDWIN, STEPHANIE
C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA FL 33054

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, WILBERT T	
STREET ADDRESS	6231 N.W. 201 ST.	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MARY ALICE	
STREET ADDRESS	2444 NW 135TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, MICHAEL	
STREET ADDRESS	4403 N.W. 73RD WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, STEPHANIE	
STREET ADDRESS	17745 NW 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAN, WILLIE	
STREET ADDRESS	18870 NW 53RD PLACE	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holloway, Wilbert T.	
STREET ADDRESS	6231 NW 201st Street	
CITY-ST-ZIP	Miami, Fla. 33055	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Michael	
STREET ADDRESS	6419 SW 82nd Avenue	
CITY-ST-ZIP	Parkland, Fla. 33067	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams-Baldwin, Stephanie	
STREET ADDRESS	3960 SW 46 Avenue	
CITY-ST-ZIP	MIRAMAR, FL. 33079	
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		

SIGN & DATE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie Williams Baldwin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)

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**6/99 - 6/2000
OFFICERS**

Dave Pemberton, *Chair*
Wilbert T. Holloway, *Vice-Chair*
Mary Alice Brown, *Secretary*
Michael Martin, *Treasurer*

EXECUTIVE COMMITTEE

Dave Pemberton, *Chair*
Wilbert T. Holloway, *Vice-Chair*
Mary Alice Brown
Milton Felton
Michael Martin
Denise Mincey-Mills
Nashid Sabir

AIRPARK COMMITTEE

Milton Felton, *Chair*
Anthony Robinson, *Vice-Chair*

BY-LAWS & MEMBERSHIP COMMITTEE

Nashid Sabir, *Chair*
Mary Alice Brown, *Vice-Chair*
Bernard Durham

ECONOMIC DEV. COMMITTEE

Milton Felton, *Chair*
Bernard Durham, *Vice-Chair*
Mary Alice Brown
Bill Cowins
Harry Norton
Katrina Wright

FINANCE COMMITTEE

Michael Martin, *Chair*
Ollie B. Kelley, *Vice-Chair*
Jack Blakely
Milton Felton
William Higgins
Denise Mincey-Mills

HOUSING COMMITTEE

Nashid Sabir, *Chair*
Willie Barnett
Bill Cowins
William Higgins
Katrina Wright
Anthony Robinson
Elene Byles
John Miller

RESOURCE DEVELOPMENT COMMITTEE

Denise Mincey-Mills, *Chair*
Wilbert T. Holloway, *Vice-Chair*
Commissioner Mary E. Allen
Bill Cowins
Jonathan Kingsley
Virginia Tresvant

GREEN VISTA APARTMENTS, INC.

Stephanie Williams-Baldwin, *President*
William Higgins, *Vice-President*
Milton Felton, *Secretary/Treasurer*
Willie Logan
Nashid Sabir

PARK CITY CORPORATION

Wilbert T. Holloway, *President*
Mary Alice Brown, *Vice-President*
Michael Martin
Stephanie Williams-Baldwin
Willie Logan

PROPERTY MANAGEMENT CORPORATION

Denise Mincey-Mills, *President*
Stephanie Williams-Baldwin, *Vice-President*
Willie Barnett
Milton Felton
William Higgins
Jonathan Kingsley
Willie Logan

SIESTA POINTE APARTMENTS

Stephanie Williams-Baldwin, *President*
William Higgins, *Vice-President*
Milton Felton, *Secretary/Treasurer*
Willie Logan
Nashid Sabir

VILLA ESPERANZA APARTMENTS

Stephanie Williams-Baldwin, *President*
William Higgins, *Vice-President*
Milton Felton, *Secretary/Treasurer*
Willie Logan
Nashid Sabir

CLOVERLEAF ELDER CARE APARTMENTS, INC.

Stephanie Williams-Baldwin, *President*
William Higgins, *Vice-President*
Milton Felton, *Secretary/Treasurer*
Willie Logan
Nashid Sabir

COMMUNITY AFFAIRS/PUBLIC RELATIONS

Mary A. Brown, *Chair*