2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-04-2003 90106 028 ****61.25

DOCUMENT # 723110

1. Entity Name
THE FORE-PLEX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2295 LOWSON BLVD. DELRAY BEACH FL 33445-6051	2295 LOWSON BLVD. DELRAY BEACH FL 33445-6051 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1803809 ☐ 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
WARD, GARY T 2403A LOWSON BLVD DELRAY BEACH FL 33445	Name: Randall K. Rogers & Associates, PA Street Address (P.O. Box Number is Not Acceptable): 621 NW 53 Street #300 City: Boca Raton FL Zip Code: 33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Pres. Randall K. Rogers & Associates, PA 4-1-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WARD, GARY T 2403A LOWSON BLVD DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT, D DAVID SCOTT MURRAY 2635 D LOWSON BLVD DELRAY BEACH FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DOYLE, RICHARD 2415B LOWSON BLVD DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D MARIA JULA 2315D LOWSON BLVD. DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILLARD, DEBORAH 2615B LOWSON BLVD DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/PRES. OPERATIONS MILT VANDUSSEN D 2403D LOWSON BLVD DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS JASHMAN, MYRA 2525 P LOWSON BLVD DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOCIGNO, JENNIFER 2717A LOWSON BLVD DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ JANICE D OBST, ~~JANET~~ 24135 LOWSON BLVD 2413 D DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D = Directors 4-21-03	☐ Change ☐ Addition

CR2E037 (10/02)

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: Janice M. Obst REQUIRED March 3, 2003 561-438-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #