2002 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90423 018 ****61.25

DOCUMENT # 726380

1. Entity Name
CONNEMARA ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5420 N. OCEAN DRIVE
Suite, Apt. #, etc.
City & State: Singer Island
Zip: 33404 Country:

3. Mailing Address
PO BOX 65
Suite, Apt. #, etc.
City & State: Jensen Beach, FL
Zip: 34958 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1577326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: DOZALY, LEO
Street Address (P.O. Box Number is Not Acceptable): 5420 N. Ocean Drive #901
City: Singer Island FL Zip Code: 33404

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICE, BERNIE 5420 N. Ocean Dr. # 1404 Singer Island, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Clement, IRA 5420 N. Ocean Dr. # 1206 Singer Island, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FALCONE, RALPH 5420 N. OCEAN Dr. # 802 Singer Island, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAMMET, Celeste 5420 N. OCEAN Dr. # 1405 Singer Island, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAITIN, MICHAEL 5420 N. OCEAN Dr Singer Island, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lentz, CAROL 5420 N. OCEAN Dr. # 1706 Singer Island, FL 33404

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-2-02 561-848-8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #