## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 01, 2001 8:00 am Secretary of State DOCUMENT # 729265 04-14-2001 90045 001 15.067.50 FARNHAM "H" CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 171 FARNHAM H 171 FARNHAM H 00000 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFt Number 59-1927466 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BALISH, LAWRENCE 171 FARNHAM H DEERFIELD BEACH FL 33442 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BALISH, FRANCINE NUME NAME STREET ADDRESS STREET ADDRESS FARNHAM H 171 CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ARNOLD, JULIA NAME NAME STREET ADORESS STREET ADDRESS FARNHAM H-173 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Change ☐ Addition Defete TITLE TITLE BROOK, MARY NAME NAME STREET ADDRESS STREET ADDRESS FARNHAM H-184 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Change Addition ☐ Delete TITLE BALISH, LAWRENCE MALAS STREET ADDRESS STREET ADDRESS FARNHAM H-171 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Delete ☐ Change ☐ Addition TITLE GREEN, LOUIS NAME NAME STREET ADDRESS STREET ADORESS 182 FARNHAM H CITY-ST-7IP CITY-ST-7P DEERFIELD BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 approvered.

FILED