2003 NOT-FOR-PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR) Mar 19, 2003 8:00 am Secretary of State **DOCUMENT # 737351** 1. Entity Name 03-19-2003 90135 030 ****61 25 SUNFLOWER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7200 N.W. SECOND AVE. 7200 N.W. SECOND AVE. UNIT 175 **UNIT 175** BOCA RATON FL 33487 **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1727906 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEISER-FERRANDI, MARY Street Address (P.O. Box Number is Not Acceptable) 7200 N.W. SECOND AVE. #175 **CLUBHOUSE BOCA RATON FL 33487** City Zio 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUSSELL, JUDY NAME NAME 7200 NW 2ND AVE. #166 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP DT TITLE ☐ Delete TITLE ☐ Addition GEISER-FERRANDI, MARY NAME NAME 9083 PINE SPRINGS DR. STREET ADDRESS STREET ADDRESS BOCA RATON FL-33428 CITY-ST-ZIP. CITY-ST-ZIP- -TITLE Delete ☐ Change ☐ Addition DROWNE, BARBARA NAME NAME STREET ADDRESS 2 DIXIE BLVD. NORTH STREET ADDRESS CITY-ST-7IP DELRAY BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE PRESIDENT GLEICHAUF, ANN Change Addition NAME GLEICHAUF, ANN NAME STREET ADDRESS 7200 NW 2ND AVE #86 STREET ADDRESS CITY-ST-ZIF **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KORMAN, RON NAME NAME STREET ADDRESS 7200 NW 2ND AVE #173 STREET ADDRESS CITY-ST-ZIE

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 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BOCA RATON FL

Change

☐ Addition