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

FILED Feb 21, 2003 8:00 am Secretary of State

Principal Place of Business Sed OLD RUN. PD11 MANURE BLOCK P1200 MANUR	1. Entity Na	JMENT # 752847 BEACH TOWNHOME OWNER) .			01-21-2003	90132 026 **	**61.25
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City & State A. Fel Number SP-218082 S. Certificate of Status Desired S. S. TS Additional Research	2. Principal	Place of Business	3. Mailing Address						
Section Sect	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	-			CHECK HERE IF M	IAKING CHANGES	
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name an	City & Sta	te	City & State		· <u></u>	4. FEI Number	59-2130592		
WASYLK, LOURS A. 343 LUA BELLE LANE FT. WALTON BEACH FL 32548 City FL Zip Code Code Code Code City FL Zip Code Code Code Code Code Code Code Finalize value received agent, or both, in the State of Fiorida. I am familiar with, and accept to the finalize with accept to the finalize w	Zip	Country	Zip	Cou	untry	5. Certificate of S	Status Desired	\$8.75 Ad	ditional
WASYLK, LOUIS A. 343 LIJLA BELIE LANE FT. WALTON BEACH FL 32548 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the originative of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 8. Election Campaign Financing Foundation POTIC Registered Agent spreagn maximal after miniative) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TOTAL OFFICERS AND DIRECTORS SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WASTURK, LOUIS WEED LICHY AL THE ONNER, JOHN WASTURK, LOUIS WEED LICHY AL WEED LICHY AL WEED LICHY, H. EDWARD JR SIRES ADDRESS OTY-51-2P TITLE ONNER, JOHN WASTER ADDRESS OTY-51-2P TITLE ONNER, JOHN WASTER ADDRESS OTY-51-2P TITLE ONNER, JOHN WEED LICHY, H. EDWARD JR SIRES ADDRESS OTY-51-2P THE ONNER, JOHN WEED LICHY, H. EDWARD JR SIRES ADDRESS OTY-51-2P THE ONNER, JOHN WASTER ADDRESS OTY-51-2P THE ONNER, JOHN WASTER ADDRESS OTY-51-2P THE ONNER, JOHN WEED LICHY, H. EDWARD JR SIRES ADDRESS OTY-51-2P THE ONNER, JOHN WEED LICHY, H. EDWARD JR SIRES ADDRESS OTY-51-2P THE ONNER ADDRESS OTY-51-2P THE		6. Name and Address of Current	Registered Agent	L	I	7. Name and Ad	dress of New Regist	tered Agent	_
343 LIJA BELLE LANE FT. WALTON BEACH FL 22548 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Browner, troot or primer remail inquired agent and this if application. PETE Magnised Agent squared remained after invalidation. PETE Magnised Agent squared remained after invalidation. DATE Browner, troot or primer remail inquired agent and this if application. PETE Magnised Agent squared remained after invalidation. DATE Browner, troot or primer remained agent and this if application. PETE Magnised Agent squared remained after invalidation. DATE Browner, troot or primer remained agent and accept agent remained after invalidation. DATE Browner, troot or primer remained agent and accept agent remained after invalidation. DATE Browner, troot or primer remained agent agent agent remained after invalidation. DATE Browner, troot or primer remained agent agent agent remained after invalidation. DATE Browner, troot or primer remained agent agent agent remained after invalidation. DATE Browner, troot or primer remained agent agent remained agent remained after invalidation. DATE Browner, troot or primer remained agent agent remained after invalidation. DATE Browner, troot or primer remained agent agent remained agent remained agent remained agent remained after invalidation. DATE Browner, troot or primer remained agent remained agent remained agent remained agent remained agent re					-Name				
Expression of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent. Signature State Sta	343 LUL	À BELLE LANE			Street Address (P.O. Box Number is	Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature typed or prime name of injuries agent and too its application. POTE: Proglissers Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	FT. WAL	Ton Beach FL 32548			City			FI Zip Cod	e
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12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes: I fürther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Daytime Phone #