DOCUMENT # 753014 I. Entity Name								Jul 23, 2002 8:00 am Secretary of State				
•		VNHOUSE COND	OMINIUM	ASSOCIATION	I, INC		1		07-23-2002 90			
Principal Plac	ce of Business	3	Mailin	Mailing Address								
35 10TH STREET AKE PARK FL 33403-3132				235 10TH STREET LAKE PARK FL 33403-3132				U V ·				
2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.	***	Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			Ci	City & State				4. FEI Number 59-2192246			Applied For Not Applicable	
Zip Country			Zip			Country		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				
		•				Name					į	
PATRICIA ANN HILL						Street Address (P.O. Box Number is Not Acceptable)						
209 10TH ST												
LAKE PAR	R FL 33403	•					FL Zip Code					
	tions of registing	y submits this statemen ered agen; (a) (WW He or printed name of registered eg				ed office or reg				8 A aC		
	-	ember 13, 2002, I be \$236.25.		<b>9.</b> Election Campaign F Trust Fund Contributi				\$5.00 May Be Added to Fees	Make Check Payable to Department of State			
10.		OFFICERS AND	DIRECTORS		11.		P	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	RS IN 10	
TILE	PD			☐ Delete	TITL	Ε				☐ Cha	ange - 🔲 Addition	
IAME	GREEN, A				NAM							
STREET ADDRESS	321 SAND					EET ADDRESS					ĺ	
CITY-ST-ZIP	1	M BEACH FL				'-ST-ZIP				[] 05-	ange 🔲 Addition	
ITLE -	VPD	NAME E LANA		Delete	- TITL NAM					☐ Cha	ange 🗀 Audition	
VAME ** STREET ADDRESS	NGUYEN,	WILLIAM RD-STREET				eet-address 1			ويها سيهاسان		<u> </u>	
CITY-ST-ZIP		CH GARDENS FL		· · <del>-</del>		-ST-ZIP						
TITLE	SD SD	IOTI CENTUEINO FL		☐ Delete	TITL	E		•		☐ Cha	ange	
IAME	RUTH, DEI	F ANN		- Delete	NAM						_ ;	
	205 10TH					EET ADDRESS					٠	

CITY-ST-ZIP PORT ST. LUCIE FL 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 cath; 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.

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TITLE

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NAME

TITLE

205 10TH ST

TD

LAKE PARK FL

HILL, PATRICIA

209 10TH ST

LAKE PARK FL

SLIMAK, DAVID

LAKE PARK FL

EVANS, KEITH

2559 HONEY RAOD

1032 SW COLORADO AVENUE

2002 UNIFORM BUSINESS REPORT (UBR)

Addition

Addition

Addition

Change

Change

☐ Change

**FILED**