2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# 767078

Entity Name: SURREY WOODS TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

2035 S 26TH ST
FORT PIERCE, FL 34947 US

New Principal Place of Business:

2125 ESPLANADE AVE
FORT PIERCE, FL 34982 US

Current Mailing Address:

% NANCY GRIECO
2834 B STONEWAY
FT. PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 59-2476982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIECO, NANCY
2035 S 26TH ST
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

GRIECO, NANCY
2125 ESPLANADE AVE
FORT PIERCE, FL 34982 US

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: _____ 04/29/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRIECO, NANCY
Address: 2035 S 26TH ST
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: GROSSMAN, KATHY
Address: 2826-B STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: DAVIDSON, DOROTHY R
Address: 2816-C STONEWAY LN
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRIECO, NANCY
Address: 2125 ESPLANADE AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Change ( ) Addition
Name: HANLON, SHARON
Address: 2819-C STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WOLSKA, SWYLVIA
Address: 2830-A STONEWAY LANE
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY GRIECO D 04/29/2003
Electronic Signature of Signing Officer or Director — Date