2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # 767370 Mar 20, 2000 8:00 am Secretary of State FOREST PARK SOUTH II CONDOMINIUM ASSOCIATION OF 03-20-2000 90094 011 \*\*\*\*61 25 Principal Place of Business Mailing Address 7932 WILES ROAD 7932 WILES ROAD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-2071 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2322469 Not Applicable Zip Country Zip Country \$8.75 Additional 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) KAYE & ROGER, P.A. 6261 N.W. 6TH WAY #103 FT. LAUDERDALE FL 33309 Zip Code City FI 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME BOGDEN, RICHARD STREET ADDRESS STREET ADDRESS 8381 ROYAL PALM BOULEVARD CITY-ST-ZIE CITY-ST-ZIF CORAL SPRINGS FL 33065 Addition Change TITLE ☐ Delete VD. NAME JOHNSON, DEBBIE NAME STREET ADDRESS STREET ADDRESS 8355 ROYAL PALM BOULEVARD CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Change ☐ Addition TITLE TITLE S Delete BLITSTEIN, WENDY NAME STREET ADDRESS STREET ADDRESS 8325 ROYAL PALM BOULEVARD CITY-ST-78 CITY-ST-7IP CORAL SPRINGS FL 33065 Change ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME SPECTOR, ERIC STREET ADDRESS STREET ADDRESS 8383 ROYAL PALM BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or the receiver of 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

SIGNATURE:

changed, or on an attachment with a

REVICHARDED 954-344-5353 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Daytime Phone #