2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90096 022 ****61.25

DOCUMENT # N00000005164

1. Entity Name

CLEAR POD A HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8000 GOVERNORS SQ. BLVD., SUITE 101 MIAMI LAKES FL 33016	% CASTLE MANAGEMENT, INC P.O. BOX 189013 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Castle Management, Inc.	
Suite, Apt. #, etc.: P.O. Box 189013	Suite, Apt. #, etc.
City & State: Plantation FL	City & State
Zip: 33318 / Country	Zip / Country

4. FEI Number 65-1045903 ☐ Applied For ☐ Not Applicable

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
RODRIGUEZ, JUAN E 80 SW 8TH ST., SUITE 2550 MIAMI FL 33130	Name: Castle Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Boulevard Suite C-100 City: Plantation FL Zip Code: 33313

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: Gail C. Page — Gail C. Page, Vice President - Administration — April 5, 2002
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 8000 GOVERNORS SQ. BLVD., SUITE 101 MIAMI LAKES FL 33016	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PECORARO, DANIEL 1947 RIALTO DR. BOYNTON BEACH, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROCA, RAFAEL 8000 GOVERNORS SQ. BLVD., SUITE 101 MIAMI LAKES FL 33016	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Gelfont, Robin 1100 RIALTO DR. BOYNTON BEACH, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHARPSTEEN, CANDACE 8000 GOVERNORS SQ. BLVD., SUITE 101 MIAMI LAKES FL 33016	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Doyle, DIANE 1539 RIALTO DR. BOYNTON BEACH, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUERRA, FRANCES J 8000 GOVERNORS SQ. BLVD., SUITE 101 MIAMI LAKES FL 33016	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FEENEY, BARBARA 1127 RIALTO DR. BOYNTON BEACH, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOLCHETTI, WILLIAM 1424 MAGLIANO DR. BOYNTON BEACH, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 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: [illegible] REQUIRED — Daniel Pecoraro, President — 4/5/02 — (561) 276-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #