FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 28, 2002 8:00 am DOCUMENT # N0100001572 Secrétary of State 1. Entity Name 07-28-2002 90197 021 ****61 25 WILLOWS ON THE LAKE AT LAKE JOHIO HOMEOWNERS ASS OCIATION, INC. Principal Place of Business Mailing Address 120 FAIRWAY WOODS BLVD. 120 FAIRWAY WOODS BLVD. ORLANDO FL 32824 ORLANDO FL 32824 US 118 2. Principal Place of Business 3. Mailing Address IN. New England Ave. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3706244 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ma Com Box Number is Net Acceptable) WEISENFELD, JOSEPH 550 BILTMORE WAY, STE. 1120 CORAL GABLES FL 33134 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 (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min, will be \$236,25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change O'HARA, CHARLES D NAME STREET ADDRESS 120 FAIRWAY WOODS BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP TITLE ۷D ☐ Celete TITLE Change ☐ Addition NAME HAWKS, CANDICE H NAME STREET ADDRESS 120 FAIRWAY WOODS BLVD. STREET ADDRESS CITY-ST-7IP ORLANDO FL 32824 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ERSKINE, CYNTHIA L NAME NAME STREET ADDRESS 120 FAIRWAY WOODS BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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

SIGNATURE:

SAUGTUREMATICARED

7/18/02 (407) 240-0046