## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # N0100003036 04-30-2002 90173 009 \*\*\*\*61.25 ADDISON LAKES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 8198 JOG ROAD, SUITE 200 8198 JOG ROAD. SUITE 200 80078792 BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address TIOO W CAMINO REAL CAMINO REAL W OOIS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE <u>ril attu</u>z BOCA RATON 4. FEI Number Applied For City & State BOCH RATON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 42J <u> १</u>३५३३ Fee Required AZIJ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALYO Street Address (P.O. Box Number is Not Acceptable) CENTEX REAL ESTATE CORPORATION \$198 JOG ROAD, SUITE 200 37 IU2 117 **BOYNTON BEACH FL 33437** RATON 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. PAUL VALYO SIGNATURE ed agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. UPD BIRNBAUM, LEWIS Addition PD TITLE ☐ Change TITLE ☐ Delete ABRAMS, DAVID NAME NAME 8198 JOG ROAD, SUITE 200 STREET ADDRESS STREET ADDRESS 8198 JOG ROAD, SUITE 200 BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33437 Delete Change ☐ Addition **VPD** TITLE TITLE NAME NAME BORKENHAGEN, KEVIN STREET ADDRESS STREET ADDRESS 8198 JOG ROAD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE ☐ Change ☐ Addition ☐ Delete STD TITLE NAMÉ PAULSEN, CANDICE NAME STREET ADDRESS STREET ADDRESS 8198 JOG ROAD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

THE HEQUIFCANdice Paulsen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR