2003 NOT-FOR-PROFIT CORPORAT

Apr 28, 2003 8:00 am Secretary of State

04-14-2003 90735 028 ****61 25

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200009763 MARILYN PINES UNIT II CONDOMINIUM ASSOCIATION. I Principal Place of Business Mailing Address First Choice Association Management, Inc. First Choice Association Management, Inc. 4174 Woodlands:Parkway 4174 Woodlands Parkway Palm Harbor, FL 34685 Palm Harbor, FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City's State Applied For City & State Not Applicable Ζiρ \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) First Choice Association Management, Inc. 4174 Woodlands Parkway Palm Harbor, FL 34685 City Zip Code 8. The above named entity subhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations egistered/agent SIGNAT (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to ILE NOW: FEE IS \$61.25 Trust Fund Contribution. Fiorida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE Delete TITLE NAME ee, Bett STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP X Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition X NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition ASD NAME Icar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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. SIGNATURE: