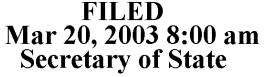
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N04288



1. Entity Na		K HOME OWNER	rs' assoc	CIATION, INC.				03-05	-2003 9002	27 001 **	·**61.25	
Principal Place of Business 7560 WOODLAND CREEK LANE LAKE WORTH FL 33467			7560 V	Mailing Address 7560 WOODLAND CREEK LANE LAKE WORTH FL 33467								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES							
City & State		Cit	City & State			4. FEI Number 59-2445924			\overline{H}	Applied For Not Applicable		
Zip		Country	Zip		Country		5. Certificate of	Status Desir	ed 🗌	\$8.75 / Fee Requ	Additional	Ť
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
712 US	, DAVID B HWY ONE M BCH FL 3	3408	سيب سامحد				O. Box Number i					
The above named entity submits this statement for the purpose of changing its register the obligations of registered agost.					City							
SIGNATURE	** ¥ç	or printed name of registered ac		<u> </u>		;	\$5.00 May Be Added to Fees	Fid	Make Chec	rtment of	State	
	100	OFFICERS AND	DIRECTORS		11.	A(DITIONS/CHAN	GES TO OFF	ICERS AND D	IRECTORS I	N 10_]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE WOR	ROBERT ELWOOD CIRCLE 1TH FL 33467	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	☐ Change	Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE WOR	, Harry J Lwood Circle (TH.FL 33467		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 4511 LAK	MALLIW HALEU FISION 3		IRCLE,	□ Change	D (XAddition	CRZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7482 HAZE LAKE WOR	DHIN G LWOOD CIRCLE TH FL 33467	_D_	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- / /			☐ Change	Addition	
TITLE Name Street address Cify-St-Zip		SH A HTREE TERRACE TH FL 33467		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEC T38 LAKE	WILLIAM BHAZEW WORTH,	n kan cod ci FL 3	le 18CLE 13467	□ Change	Addition	
TITLE Name Street adoress City-St-Zip				☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	

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 employered 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 appears in Block 10 or Block 11 if

SIGNATURE: