2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# N09286

Entity Name: RESIDENTIAL FOUNDATION, INC.

Current Principal Place of Business:

4100 N.W 77TH AVE
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

5111 N.E 17TH AVENUE
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 59-2534130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESSELS, BARBARA F
5111 N.E 17TH AVENUE
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: TAYLOR, EILEEN
Address: 529 PATIO VILLAGE WAY
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: SD ( ) Delete
Name: TAYLOR, STEVE
Address: 529 PATIO VILLAGE WAY
City-St-Zip: FT. LAUDERDALE, FL 33326

Title: D ( ) Delete
Name: MURPHY, JUDY
Address: 5360 RIVERFRONT DRIVE,APT C
City-St-Zip: BRADENTON, FL 34208

Title: VD (X) Delete
Name: BRZOZA, JOSEPH
Address: 1276 RAINBOW COURT
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Delete
Name: WESSELS, BARBARA
Address: 5111 NE 17 AVE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D (X) Delete
Name: WESSELS, ROBERT
Address: 5111 N.E 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: WESSELS, ROBERT H
Address: 5111 N.E. 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D (X) Change ( ) Addition
Name: MCCAFFERTY, JAMES S
Address: 1125 S. FLAGLER AVENUE, #512
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD (X) Change ( ) Addition
Name: WESSELS, BARBARA
Address: 5111 N.E. 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H WESSELS ST 04/16/2003

Electronic Signature of Signing Officer or Director — Date