2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # N09422 Jan 14, 2000 8:00 am 1. Entity Name e arma ile du water **Secretary of State** CENTRAL PARK CONDO ASSOCIATION OF PALM BEACH, IN 01-14-2000 90048 046 ****61.25 Principal Place of Business Mailing Address 3520 INVESTMENT LANE 3520 INVESTMENT LANE RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404-1774 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2601305 Not Applicable \$8.75 Additional Zip 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 Street Address (P.O. Box Number is Not Acceptable) OBERG, ERIC 3520 INVESTMENT LANE UNIT 6 Zip Code City **RIVIERA BEACH FL 33404** FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. COLE PHILLIP H. SPORT SEE SEE STORY OF SEE ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS 8287 KELSO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Addition ☐ Change ☐ Delete TITLE TITLE OBERG, ERIC NAME NAME 141 ROY COURT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** ☐ Delete Change Addition TITLE TITLE Lauren, hancy 15574 92nd Way N. LAUREN, NANCY NAME NAME 6564 CHASEWOOD DRIVE N., APT F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jupiter FL 33478 CITY-ST-ZIP JUPITER FL 33458 Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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