2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003
Secretary of State

DOCUMENT# N12473

Entity Name: COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMMUNITY ASSOC SVC
951 BROKEN SOUND PKWY # 250
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O COMMUNITY ASSOC SVC
951 BROKEN SOUND PKWY # 250
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2614030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY ASSOCIATION SVCS, INC
951 BROKEN SOUND PKY, NW
STE 250
BOCA RATON, FL 334873531

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: VPD ( ) Delete
Name: MILLENER, JIM,
Address: 6270 NW 58TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: PD ( ) Delete
Name: NEWHOUSE, CARL,
Address: 6501 NW 68 MANOR
City-St-Zip: PARKLAND, FL 33067

Title: TD ( ) Delete
Name: COLE, MARK
Address: 5941 NW 65TH COURT
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: GINSBURG, STEVEN
Address: 5910 NW 60TH AVE
City-St-Zip: PARKLAND, FL 33067

Title: SD ( ) Delete
Name: LUTX, GLORIA
Address: 5851 HOLMBERG RD
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: PROHSELL, RICHARD
Address: 6030 NW 68TH MANOR
City-St-Zip: PARKLAND, FL 33067

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: RICHARD PROKSELL PD 04/25/2003

Electronic Signature of Signing Officer or Director — Date