2000 Uniform Business Report (UBR) FILED DOCUMENT # Mar 24, 2000 8:00 am Secretary of State 1. Entity Name Coral Sun Townhomes Condominium Asso., Inc. 03-24-2000 90022 003 \*\*\*\*61.25 c/o Benchmark Property Mgmt, Principal Place of Business 7932 Wiles Rd Coral Springs, FL 33067 825748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. , DO NOT WRITE IN THIS SPACE 4. FEI NUMBER 075842 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kaye & Roger, P.A Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 Way Suite City Zip Code Lauderdale 33309 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Added to Fees Department of State 如此1200年1200年1200年1200日 1200日 120 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Dir-Pres · Change NAME NAME Wrobel, Stephanie STREET ADDRESS STREET ADDRESS 4991 Riverside Dr CITY-ST-ZIP CITY-ST-ZIP Coral Springs TITLE Deteta 🗆 TITLE Change Addition Dir-VP NAME NAME <del>Cer</del>rish, <del>Stuart</del> STREET ADDRESS STREET ADDRESS 4911 Riverside Dr CITY-ST-7IP CITY-ST-ZIP Coral Springs, FL Addition Delete TITLE TITLE Dir-Sec NAME NAME Collin, Cathi STREET ADDRESS STREET ADDRESS 4943 Riverside Dr CITY-ST-ZIP CITY-ST-ZIP Coral Springs, FL 33067 Change ☐ Delete Addition TITLE WILE Dir-Treas Biondo, Yvonne NAME STREET ADDRESS - FADDRESS 4937 Riverside Dr Coral Springs, FL 33067 CITY-ST-ZIP ST-ZIP TITLE Delete Dir-NAME Diem, Linda STREET ADDRESS "\_\_\_ ADDRESS 4967 Riverside Dr CITY-ST-ZIP ST-ZIP <del>Coral Springs, FL 33067</del> Addition Delete TITLE NAME STREET ADDRESS · incorne CITY-ST-ZIP ST-ZIP 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 954-344-5353 3/7/00