2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # N93000000922 04-16-2004 90095 010 ****61.25 EXCÉLLENTE VILLAGE CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD 195063 BOCA RATON, FL 33487 BOCA RATON, FL 33487 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 65-0384326 Applied For Not Applicable Zip Country Country Zip \$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 Name CAPLAN, LOUIS ESQ. Street Address (P.O. Box Number is Not Acceptable) SACHS, SAX & KLEIN, P.A. 301 YAMATO RD., STE. 4150 BOCA RATON, FL 33431 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Addition ALLEN, MALVIN NAME NAME 5099-0 SPLENDIDO CT STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition BUNSON, JOSEPH NAME NAME STREET ADDRESS 5091-D SPLENDIDO CT STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GORMAN, STANLEY NAME NAME STREET ADDRESS 5107-B EUROPA DR STREET ADDRESS BOYNTON BEACH, FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition DONDEY, AL NAME NAME 5131-K EUROPA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL CITY-ST-ZIP TITLE 😾 Delete TITLE ☐ Change ☐ Addition KAPLAN, MORTON NAME NAME STREET ADDRESS 5091-D SPLENDIDO CT STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE " [] Change Addition GAIL BOKISH NAME NAME 5107E EULODA DR. BOYNTON BCL. FL.33437 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 repeiver 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #