Amandmant

FILE NOW: FILING FEE IS \$61.25 NONPROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 NOV -2 AM 9: 40 DIVISION OF CORPORATIONS 1998 DOCUMENT # N940000 2698 SECRETARY OF STATE TALLAHASSEE, FLORIDA OBC Homeowners Association, The 950 NE 741 St Applied For 09 30659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Surte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 27 Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? □ No **⊠**Yes 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Country Personal Property Tax due June 30. 24 29 and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name City Zip Code 85 SIGNATURE 12 TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Addition 12 NAME NAME CR2E037 STREET ADDRESS 1 3 STREET ADDRESS. CITY - ST - ZIP 14 Cify-ST-ZIP TITLE 2 1 TITLE NAME 2.2 NAME STREET ALIDPESS 2 3 STREET ADDRESS --011 CHY-ST-ZIP 2 4 CITY-ST-ZIP 1114 NAN 3.2 NAME STATE I ADDRESS 3 STREET ADDRESS DEERFIELD 34 CITY-ST-ZIP HTLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4 4 C)TY - ST - 2IP ☐ DELETE : 1 TITLE Channe . Addition

14. I nereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

- 4 CITY - ST - ZIP

51 TITLE

62 NAME

SIGNATURE:

NAME SIFEET ADDRESS

MILE

CHY-ST-ZIP

WHEET ADDRESS

CITY - ST - ZIP

IGNATURE AND TYPED ON POINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3R 9544-276471

Change

Addition