2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Well

May 17, 2002 8:00 am Secretary of State DOCUMENT # N9400002688 05-17-2002 90032 008 ****61.25 O.B.C. HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1950 N.E. 7TH STREET BOX 6 500 NE SPANISH RIVER BLVD DEERFIELD BEACH FL 33441 #18 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. *, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0530659 Country Zip Not Applicable Country Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name WILLIS, ERNEST W Street Address (P.O. Box Number is Not Acceptable) 500 NE SPANISH RIVER BLVD STE # 18 **BOCA RATON FL 33431** City 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. Zip Code SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Feas Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE MURPHY, MARY Thance (9/01) NAME Murphy; Mary STREET ADDRESS 1962 NE 7TH STREET STREET ADDRESS 1962 NE 7th Street #105 CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-7IP Deerfield Beach; FL 33441 TITLE VD Delete TITLE EASTMAN, ALEX □ Change NAME STREET ADDRESS 1950 NE 7TH STREET Eastman, Alessandra STREET ADDRESS CITY-SI-7IP DEERFIELD BEACH FL 33441 1950 NE 7th Street #101 CITY-ST-ZIP_ Deerfield Beach, FE = 33441-TITLE X Delete TITLE POTASH, RICHARD NAME Change X Addition STREET ADDRESS NAME Potash, Cathy Richard 1962 NE 7TH STREET STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 1928 Birchwood Road CITY-ST-ZIE TITLE Cherry Hill, NJ 08003-1012 Delete TITI F NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ग्रिया ह NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-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

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #