2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2003 8:00 am Secretary of State

04-25-2003 90301 028 ****61.25

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1. Entity Nan	MENT # N94000 0 Stone oaks homeowner's		04-25-2003 90						
8045 SW 58 COURT 6045		Mailing Address 6045 SW 58 COURT DAVIE FL 33314	45 SW 58 COURT			.'	550412	43	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State C		City & State			4. FEI Number 65	0509914		oplied For at Applicable	
Zip	Country	Zip	Country	ا حالكا سا	-5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New Registered Agent				
WISOR, TED 5930 S.W. 58TH COURT DAVIE FL 33314				Street Address (P.O. Box Number is Not Acceptable)					
			City			FL 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 SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 4/23/03									
	ब्रीLE NOW: FEE IS \$61.25		Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE DVP PANELLA, JOHN 5945 SW 58 COURT DAVIE FL 33314'	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ODITIONS/CHANGES		DIRECTORS IN Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP WISOR, TED 5830 SW 58 COURT DAVIE FL 33314	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ²⁵	Pro	sident		☐ Change	Addition S	
TITLE NAME STREET ADORESS CITY-S1-ZIP	OT GENTILE-BUSSEO, PATRICIA 6045 SW 58 COURT DAVIE FL 33314	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		eusurer		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FELL, LILLIAN 5810 SW 58 COURT DAME FL 33314	PS Celete	NAME STORESS STREET ADDRESS CITY-ST-ZIP	An Do	gol Cha 110 SW avie, P	mpron 58 Cou L 333	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	

12. I hereby 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 cath; 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.

SIGNATURE:

SIGNITURE PREQUIRED
RENATURE AND TYPED OR PRINTED NAME OF BIGUING OFFICER OR DIRECTOR

4/23/03 = 954.797-9669
Dayline Phone #