2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003460

1. Entity Name

WATERFORD AT BLUE LAGOON EAST PROPERTY OWNERS AS

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90026 023 ****61.25

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DRIVE ~~#400~~ #430 MIAMI FL 33126	5200 BLUE LAGOON DRIVE ~~#400~~ #430 MIAMI FL 33126-7001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0850831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARSHALL, E. DAVID 5200 BLUE LAGOON DRIVE ~~#400~~ #430 MIAMI FL 33126	Name 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT NEVE, RICHARD H 5200 BLUE LAGOON DRIVE #400 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD 701 WATERFORD WAY MIAMI FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARSHALL, E. DAVID 5200 BLUE LAGOON DRIVE #400 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5200 BLUE LAGOON DR #430	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS PINEIRO, ALICE ANNE 730 THIRD AVENUE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 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.

SIGNATURE: E. DAVID MARSHALL, PRESIDENT JANUARY 18, 2000 (305) 267-0465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #