2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # N98000006825 1. Entity Name 05-16-2001 90180 020 ****61.25 EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1605 BAY RD. 1605 BAY RD. B0056980 STE 401 STE 401 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 Principal Place of Business EUCLID ite. Apt. #. etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0883717 Not Applicable \$8.75 Additional Count 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DA TIM GOREGATTA WOLFARTH, ROBERT J 1605 BAY RD. MIAMI BEACH FL 33139 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** Signature, typed or printed name of registered agent and title if applicable required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE KALY BROCK 1337 EXCLID AV #101 NAME WOLFARTH, ROBERT J NAME STREET ADDRESS STREET ADDRESS 1605 BAY RD. CITY-ST-ZIP IAMI BEACH CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition TITLE DT Delete WOLFARTH, ROBERT J II NAME ATMCK A NAME 37 EUCLID 14 STREET ADDRESS STREET ADDRESS 1605 BAY RD. CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition TITLE 🔀 Delete TITLE WOLFARTH, KATHLEEN Z NAME NAME STREET ADDRESS STREET ADDRESS 1605 BAY RD. CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 Addition | ☐ Delete TITLE VODA, TIM NAME NAME GIYTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP