2000 UNIFORM BUSINESS KEPUKI (UBK) DOCUMENT # N99000006853 May 17, 2000 8:00 am Secretary of State GROVES AT BAYTREE HOMEOWNERS ASSOCIATION, INC. 04-11-2000 90007 044 ****61.25 Mailing Address Principal Place of Business 129 JUNIPER WAY 129 JUNIPER WAY TAVARES FL 32778 TAVARES FL 32778 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Country 2ip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOLLAND, HAROLD F 316 BAYTREE BLVD. **TAVARES FL 32778** Zip Code City FI 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) Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition Delete TITLE TITLE PD NAME NAME HOLLAND, HAROLD F STREET ADDRESS STREET ADDRESS 316 BAYTREE BLVD. CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 Addition Change TITLE Deleta TITLE NAME HOLLAND, MICHAEL D STREET ADDRESS STREET ADDRESS 129 JUNIPER WAY CITY-ST-ZIP CITY-ST-IN-TAVARES'FL:32778 Change ☐ Addition TITLE Delete TITLE STD NAME NAME HOLLAND, LAURA E STREET ADDRESS STREET ACCRESS 316 BAYTREE BLVD. CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

City-ST-ZIP

4/5/00 30343 7228

☐ Change

Addition

(66/6)