| . •  |   | READ A                                | LL INST                           | A DEPARTME   | BEFORE (                                     | COMPLET                                    |                                      |   |                             |
|--|---|---------------------------------------|-----------------------------------|--|--|--|--------------------------------------|---|-----------------------------|
| AP   | PLICATION   |                                       | Tru                               | Kather of  | ZAV  |  | F                                    | ILED  |                             |
| REIN   | FOR (<br>STATEMENT  |                                       | 70                                | Secretary of S   | ATIO S                                       |  | 3 ATTA 5                             | 16 PH 1: 33                                     |                             |
| DOCUMENT # N97000000419  |   |                                       |                                   |  |  | SECTIONALY OF STATE RALLY AMERICA, FLORIDA |                                      |   |                             |
| 1. Corporation Name - VICTORIA MEWS HOMEOWNER'S ASSOCIATION, INC.  |   |                                       |                                   |  |  |  | Tribida Cara 10                      | action being                                    |                             |
| · V10  | MON SWAM AINOI  | LOWNER 5                              | ASSOCIA                           | IION, INC.   |  |  |                                      |   |                             |
| Principal B  | tace of Business  |                                       | Mailing Addre                     |  |  |  |                                      |   |                             |
|  |   |                                       | <del>-</del>                      | 7th Avenue   |  |  |                                      |   |                             |
| Fort Lauderdale, FL 33301 Fort L   |   |                                       |                                   |  |  |  |                                      | ^   | 206                         |
|  |   |                                       |                                   |  |  | REINS                                      | STATE                                | vient <u>98</u>                                 | ,490                        |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mails |   |                                       |                                   | nformation and enter correction below,<br>ng Office Address, If Applicable |  |  | orated or Qualified                  | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-          | جسوينت سيدي                 |
| Suite, Apt. #, etc. Suite, A   |   |                                       |                                   | #, etc.  |  | To Do Busir                                | ness in Florida                      | 1/27/97   |                             |
| City & State Ci  |   |                                       | City & State                      |  |  | 5. FEI Number<br>65+08                     | 40006                                | F- <del>1</del>                                 | oplied For<br>ot Applicable |
| Zip  | Country   |                                       | Zip                               | Countr   | у  | 6<br>CERTIFICATE                           | E OF STATUS DESIRE                   | S8.75 Additiona                                 | l Fee required              |
| 7. Names   | and Street Addresses of Eac   | h Officer and/or                      | Director (Flor                    | ida nonprofit corpora  | ations must list at lea                      | ast 3 directors)                           |                                      |   |                             |
| Tritle(s)  | Title(s)  Name of Officers and/or Directors   |                                       |                                   | Off  | eet Address of Each<br>ficer and/or Director | •  |                                      | City / State / Zip                              |                             |
| D  | D Henry Weiss   |                                       |                                   |  | se Post Office Box N                         |  |                                      |   |                             |
| b menty werss  |   |                                       |                                   | 332 NE 7th   | Avenue                                       |  | Fort Lauc                            | derdale, FL                                     | 33301                       |
| D Carol Weiss  |   |                                       |                                   | 332 NE 7th Avenue  |  |  | Fort Laude                           | erdale, FL                                      | .33301                      |
| D Philip E. Ratcliffe  |   |                                       |                                   | 332 NE 7th Avenue  |  |  | Fort Laude                           | erdale, FL 3                                    | 33301                       |
|  |   |                                       |                                   |  |  |  |                                      |   |                             |
|  |   |                                       |                                   |  |  |  | -9000028999093-<br>-06/09/9301038007 |   |                             |
|  |   |                                       |                                   |  |  | *******                                    |                                      | 06.25 . <b>****</b> 30                          |                             |
|  |   |                                       |                                   |  |  |  |                                      |   |                             |
| B. Name and Address of Current Registered Agent  |   |                                       |                                   |  |  | 9. Name and A                              | l<br>Address of New Re               | egistered Agent                                 |                             |
| Henry Weiss Henry Wei  |   |                                       |                                   |  |  | SS   | is Not Acceptable)                   |   |                             |
| 332 NE 7th Avenue Fort Lauderdale, FL 33301  |   |                                       |                                   |  | 332 NE 7t                                    | h Avenue                                   | is Not Acceptable)                   |   |                             |
|  |   |                                       |                                   | Suite, Apt. #, Etc.  |  |  |                                      |   |                             |
|  |   |                                       |                                   |  | Fort Laud                                    | erdale                                     |                                      | FL Zp Code 33301                                |                             |
| -  | appointed the registered age  | ent of the above                      | named corpor                      | ation, am familiar wi  | th and accept the ol                         | bligations of Section                      | on 607.0505, F S                     |   |                             |
| Signature o<br>Registered  |   | SS REGI                               | STERED AGE                        | ENT MUST SIGN  | pp.  | _  | Date                                 |   |                             |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes □                                     |   |                                       |                                   |  |  |  | (Se                                  | e other side fo informal<br>on intangible tax ) | tion                        |
| this rein<br>owed by   | that I am an officer or directorstatement application, the rely the corporation have been papplication is true and accura | ason for dissolut<br>paid and the nar | ion has been e<br>nes of individu | eliminated, the corpo<br>ials listed on this forr                          | rate name satisfies<br>in do not qualify for | the requirements<br>an exemption und       | of section 607,040                   | 1 or 617.0401. F.S., tha                        | t all fees X                |
| SIGNATURE: Henry Weiss 954-467-2766 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Day of Phone #                           |   |                                       |                                   |  |  |  |                                      |   | ,                           |