2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCHMENT # 9/3479Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** RIO NUEVO "E" CONDOMINIUM ASSOCIATION, INC. 03-15-2000 90063 030 ****61.25 Mailing Address Principal Place of Business 1100 SW 12th ST 1100 SW 12th ST Ft Lauderdale FL 33315 33315 Ft Lauderdale FLR0036821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1205250 Not Applicable Country \$8.75 Additional Zip Country Zip) 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRESCHER, NANCY Street Address (P.O. Box Number is Not Acceptable) #101 Zip Code 33315 Ft. Lauderdale 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10 Change ☐ Addition TITLE TITLE ☐ Delete Kelly, Timothy NAME NAME 1100 SW 12 St., #305 STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME DUMONT, CAROL STREET ADDRESS STREET ADDRESS 1100 SW 12th St., #309 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33315 thange ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE DRESCHER, NANCY NAME NAME 1100 SW 12th ST., #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, FL 33315 CITY-ST-ZIP ☐ Change VPD ☐ Addition Delete TITLE TITLE BERCHERT, RON NAME NAME 1100 SW 12th St., #310 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Ft. Lauderdale, FL 33315 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME BLAKE, VAUGHN STREET ADDRESS STREET ADDRESS 1100 SW 12th St. #205 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:

3-6-00 958-527/169
Date Phone #