2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # 7 44150 1. Entity Name BOCA Ridge VILLAS Cando. 04-05-2000 90078 029 ****61.25 Principal Place of Business Mailing Address alo Pointe Hyut Croup. 75NE 64 ME #202 BUUD24/4 Delray Busch, FC 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EstebaNEZ #202 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 (NOTE: Registered Agent signature required when reinstating) .9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS PRES. ID. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME Pat McCARN NAME 9250-B Sable Ridge CR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA Raton, AC. 33428 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE Arriene Zimberge NAME NAME 9334-C sable Ridge CL. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Addition TITLE PRTER CASTIN NAME NAME : Ridgech STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA Naton. CITY-ST-ZIP Change ☐ Delete TITLE TITLE minces Rott NAME NAME 264-A Sable Ridge Ch. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE RUM ESKM NAME NAME sable lider Cn. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR