2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State **DOCUMENT # 703673** 1. Entity Name 04-04-2002 90011 031 ****61.25 MICHIGAN CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 500 N.E. SPANISH RIVER BLVD., #18 排辦 S.E. 15TH COURT DEERFIELD BEACH FL 33441 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-1879077 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIS, ERNEST W 500 N.E. SPANISH RIVER BLVD., STE 18 BOCA RATON FL 33431 Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition SD K Change TITLE Delete TITLE GIOLIELLI. MARY NAME Gionellim Mary NAME STREET ADDRESS 1444 S.E. 15TH COURT STREET ADDRESS 1444 SE 15th Court #201 DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP Deerfield Beach, FL 33441 ☐ Addition Change TITLE D Delete TITLE Wells. Florence NAME NAME Wells, Florence 1444 S.E. 15TH COURT STREET ADDRESS STREET ADDRESS 1444 SE 15th Court #103 CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP Deerfield Beach, FL 33441 Change ☐ Addition Delete TITLE TITLE VOLTOLIN, ANTOINETTE NAME NAME Voltolin/Motto, Antoinette 1444 S.E. 15TH COURT STREET ADDRESS STREET ADDRESS 1444 SE 15th Court #104 Deerfield Beach, FL 334 CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Daytime Phone #