2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2002 8:00 am § Secretary of State **DOCUMENT # N46606** 1. Entity Name 04-21-2002 90899 029 ****61.25 CENTER GROVE NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 3197 VIRGINIA STREET 3197 VIRGINIA STREET MIAMI FL 33133 MIAMI FL 33133 US 2. Principal Place of Business 3. Mailing Address 3000 Shipping Are 3000 Shipping Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For oconst grave 65-0313353 Not Applicable Country Zip33137 \$8.75 Additional 5. Certificate of Status Desired 3(3) Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SARNOFF, MARC D 2197 VIRGINIA ST 3000 Shipping hue **MIAMI FL 33133** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete ☐ Change Addition NAME SARNOFF, MARC D NAME STREET ADDRESS 3197 VIRGINIA ST STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL CITY-ST-ZIP Delete TITLE D٧ TITLE Addition Change NAME SUL McConnell **BILLINGS, MARK** NAME 3090 VITINIA ST COCONUT GIVAL PL 23133 STREET ADDRESS 3005 ORANGE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FI Delete TITLE Change Addition Gary M Scharps 3080 Virginia St CLEMENS, PIA NAME STREET ADDRESS STREET ADDRESS 2930 DAY AVE N-102 CITY-ST-ZIP CITY-ST-ZIP coconut grove fl 124. Coconst Grave PC 33133 กร ☐ Delete TITLE Change ☐ Addition ROBERMAN, LINDA NAME STREET ADDRESS 3035 DAY AVE STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FI CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

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