NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2002 8:00 am Secretary of State

| DOCUMENT # N9800000943 1. Entity Name Palm towers/Palm Courts Resident Association, | Inc. |
|--|------|
| | ! |

| Palm towers/Palm Courts Resident Association, Inc. | | | 05-30-2002 91602 006 ****70.00 | | |
|---|--|--|---|-----------------------------------|--|
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 930 N.W. 95 St | 3. Mailing Address | 1.955H | | | |
| Suite, Apt. #, etc. # A | 930 N. W. 955F Suite, Apt. #, etc. # A | | DO NOT WRITE IN THIS SPACE | | |
| City & State MIAMI FL | City & State MIAMI | FL | 4. FEI Number 364218616 Applied For Not Applied For | | |
| Zip 33150 Country U.S. A | ^{Zip} 33/50 | Country US A | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | · . | <u> </u> | 7. Name and Address of Current Registe | ered Agent | |
| DO NOTW | | ···· | ss (P.O. Box Number is Not Acceptable) | | |
| IN THIS SPACE | | Git: | 930 N.W. 95St \$305 | | |
| R The shows ramed patitive substitution to | 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 at FEE IS \$61.25 Initial or Amended UBR | 9. Election Campa Trust Fund Conf | agistered Agent signature requality of the signature requirements of the signa | \$5.00 May Be Make Che | ock Payable to | |
| TITLE DP NAME STREET ADDRESS CITY-ST-ZIP MIAMI FR 3315 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE DVA ACOSTA ABAA 930 N.W. 955t MIAMI FC 33 | 3150 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| STREET ADDRESS 4GNES WICHES | A | NAME STREET ADDRESS | | | |
| MIAMI PC 33. | 150 | CITY-ST-ZIP | DO NOT WR | ITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPA | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | ľ | TITLE NAME STREET ADDRESS | | | |

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

305-835-8280