2003 NOT-FOR-PROFIT CORPORATION

FILED Apr 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000001784 1. Entity Name 04-14-2003 90731 002 ****61.25 PROSPERITY PINES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4 HARVARD CIRCLE C/O RRG, 2001 PALM BEACH LAKES BLVD SUITE 402 SUITE 950 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business Mailing Address CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number 65-1097066 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PROSPERITY PINES HOA COONEIL Sheila-RRG Street Address (P.O. Box Number is Not Acceptable) 2 HARVARA (IRCLA:, Suite 100 O'NEIL, SHELIA RRG 2001 PALM BEACH LAKES BLVD SUITE 402 WEST PALM BEACH FL 33409 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. I am familiar with, and accept heiln ONeil SIGNATURES (NOTE: Registered Agent signature required when reinstating) he of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **VPD** Addition A Change Delete TITLE TITLE Burn Beinest GONZALEZ, MORILOU NAME NAME 212 Lone Pine **4 HARVARD CIRCLE SUITE 950** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 STD Delete SD ☐ Change TITLE TITLE 12m Volker MOTZOR, HANK NAME NAME 4 HARVARD CIRCLE SUITE 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Delete ... TITLE __ TITLE WELCH, MARK NAME NAME 4 HARVARD CIRCLE SUITE 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

561-683-3770

☐ Change

Addition