## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 709499 May 24, 2000 8:00 am 1. Entity Name Secretary of State TREASURE PARK CONDOMINIUM INC 05-24-2000 90190 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 1890 GALLEON ST 1890 GALLEON ST NORTH BAY VILLAGE FL 33141-4330 NORTH BAY VILLAGE FL 33141 103016 2. Principal Place of Business 8915. TREASURE DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BAY VILLAGE, FL Applied For 4. FEI Number 59-2374790 Not Applicable \$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 rearis SORRENTINO, SUSAN 1890 GALLEON AVE N. BAY VILLAGE FL 33141 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida Ulots SIGNATURE CESIDENT 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE SHERRY AMEONS DE. 1891 S. TEGASURE DE. Change ☐ Addition -PD SORRENTINO, SUSAN NAME NAME STREET ADDRESS 1890 GALLEON AVE. STREET ADDRESS NOBAY VILLAGE, FL. 33141 CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 ☐ Addition Change TITLE TD ☐ Delete TITLE NAME TUMA, YVONNE STREET ADDRESS STREET ADDRESS -7500 E-TREASURE.DR--CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 Change ☐ Addition TITLE VPD ☐ Delete TITLE NAME NAME velez, maria e STREET ADDRESS STREET ADDRESS 7516 E TREASURE DR CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 Change Delete ☐ Addition TITLE TITLE SD RENE R MOLL 1514 E. TREASURE DE NAME NAME AARONS, SHERRY STREET ADDRESS STREET ADDRESS 1891 S TREASURE DR N. BAY VILLAGE, FL. 33141 C!TY-ST-ZIP CITY-ST-ZIP N BAY VILLAGE FL 33141 Change Addition TITLE 7508 E. TREASURE DR. NAME NAME Jerez, Sandrine STREET ADDRESS BAYVILLAGE, FL. 33141 STREET ADDRESS 7524 E TREASURE DR CITY-ST-ZIP CITY-ST-ZIP N BAY VILLAGE FL 33141 ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: