2002 UNIFORM BUSINESS REPOR (UBR)

Apr 03, 2002 8:00 am Secretary of State **DOCUMENT # 709499** 1. Entity Name 04-03-2002 90034 045 ****61 25 TREASURE PARK CONDOMINIUM INC Principal Place of Business Mailing Address R0058656 1891 S TREASURE DRIVE 1891 S TREASURE DRIVE NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2374790 Not Applicable Zip \$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 Street Address (P.O. Box Number is Not Acceptable) AARONS, SHARON 1891 S TREASURE DRIVE N. BAY VILLAGE FL 33141 City 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 Fiorida. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) PD* Delete Change ☐ Addition πпЕ TITLE AARONS, SHERRY NAME NAME STREET ADDRESS 1891 S TREASURE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N BAY VILLAGE FL 33141 TITLE ☐ Delete TITLE Change ☐ Addition NAME TUMA. YVONNE NAME 7500 E TREASURE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 VPD Delete Change Addition TITLE TITLE VELEZ, MARIA E-MAME NAME STREET ADDRESS STREET ADDRESS 7516 E TREASURE DR CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 SD Delete Change ☐ Addition TITLE TITLE SONIA VASQUEZ 1877 S. TREASUREDR. NAMÉ NOLL. RENE R NAME 7514 E TREASURE DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP N BAY VILLAGE FL CITY_ST_7/P Change Addition TITLE Detete TITLE LEVI, ILONA NAME NAME 7508 E TREASURE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N BAY VILLAGE FL CITY-ST-ZIP Change ☐ Addition DTE Delete TITLE 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.

FILED