2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 721529 Jul 17, 2001 8:00 am **Secretary of State** Allington Towers Condominium, Inc. 07-17-2001 90008 040 ****61.25 Principal Place of Business 1600 S. Ocean Drive 1600 S. Ocean Dr. Hollywood, Fr 33019 Hollywood, FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State _FEI_Number_ Applied For 59-1379282 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Karen Busch Mariaement Surrae Hanagement Services. Street Address (P.O. Box Number is Not Acceptable) Commercial 1 1071. W. Commercial Brd. Switz 2B 8. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete NAME NAME Shea, Marge 1600 S. OCEAN Driver 3B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete barbaro, Robert NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME we # 14 C STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST_7IP HONYWOOD, ☐ Addition TITLE ☐ Delete TITLE Jissinoff, Beverly NAME NAME STREET ADDRESS STREET ADDRESS 600 S. OCEA CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete 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.

7-11-01 1-84-9235682