2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am DOCUMENT # 729037 **Secretary of State** 02-26-2002 90135 016 ****61.25 SPRINGTREE ESTATES ASSOCIATION, INC. Principal Place of Business Mailing Address 8705 N.W. 84TH AVENUE 3705 N.W. 84TH AVENUE **40138129** SUITE A SUITE A SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1786931 City & State Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OTTO SUSAN 3709 N.W. 84 AVENUE SUNRISE FL 33351 City Zip Code 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATUŔĔ (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Delete TITLE ☐ Change TITLE Alphanso Marshall 3705 nw84 AVE 58 OTTO, SUSAN NAME NAME 3709 N.W. 84 AVE..#8B STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP Sunrise Fl SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLS, PEACHIE NAME NAME 3741 NE 84 AVE #1C STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MERCADO, KRISTINE NAME NAME 3715 NW 84 AVE #7C STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LEVY, ROBERT NAME NAME 3705 N.W. 84TH AVE.,5D STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALIBERGO, MARINO NAME NAME 3725 NW 84TH AVENUE 2A STREET ADDRESS STREET ADDRESS SUNRISE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change CALLAHAN, SUSAN NAME NAME 3741 NW 84 AVE., #1A STREET ADDRESS STREET ADDRESS SUNRISE FL 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 applicass, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/02 964-331-1841

FILED