AMENDED

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
03 JUN 18 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743718

1. Entity Name
IXORIA CONDOMINIUM APARTMENTS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1918 S.E. PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952 | 1918 S.E. PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4168 Gleneagles Drive | 4168 Gleneagles Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Boynton Beach, FL | City & State: Boynton Beach, FL |
| Zip: 33436 Country: USA | Zip: 33436 Country: USA |

4. FEI Number: 73-1664494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FREEMAN, LEWIS B RECEIVE<br>1918 S.E. PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952 | Name: Ruben Jaen<br>Street Address (P.O. Box Number is Not Acceptable): 4168 Gleneagles Drive<br>City: Boynton Beach FL Zip Code: 33436 |

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 the obligations of registered agent.

SIGNATURE: [signature] RUBEN JAEN DATE: 6/11/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when changing)

FILING NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FREEMAN, LEWIS B RECEIVE<br>1918 S.E. PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952 | ☒ Delete | P/D<br>Ruben Jaen<br>4168 Gleneagles Drive<br>Boynton Beach, FL 33436 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DARAS, KENNETH<br>1918 S.E. PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952 | ☒ Delete | V/D<br>Elena Maris<br>4168 Gleneagles Drive<br>Boynton Beach, FL 33436 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TOCHNER, MAX<br>1918 S.E. PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952 | ☒ Delete | S/T/D<br>Moise Maris<br>4168 Gleneagles Drive<br>Boynton Beach, FL 33436 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 500021279215<br>07/02/03--01071--007 **61.25 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |

CR2E037 (10/02)

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: [signature] RUBEN JAEN, PRES 6/11/03 (561) 374-9907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RB