FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State **DOCUMENT # 744793** 1. Entity Name 04-22-2002 90287 016 ****61.25 INLAND TOWERS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7020 MALF, MOON CIR. 7020 HALF MOON CIRCLE 000/3335 #302 #302 NYPOLNXO FL 33462 HYPOLUXO FL 33462 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$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. Street Address (P.O. Box Number is Not Acceptable) YOUNG, RONALD E 7020 HALF MOON CIR ો2 Zip Code YPOLUKO FL 33462 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. SIGN/NURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) νĴ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOUNG, RONALD E. NAME NAME STREET ADDRESS 7020 HALF MOON CIRCLE #302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HYPOLUXO FL TITLE Detete TITLE CLANGER BENJAMIN 418 W Minnester ST Change Addition NAME KARADAVIS, COSTES NAME STREET ADDRESS 815 W. PALM ST. STREET ADDRESS CITY-ST-ZIP .CITY-ST-7IP LANTANA FL TITLE ☐ Delete TITLE Change ☐ Addition YOUNG, RONALD NAME NAME STREET ADDRESS 7020 HALFMOON CIR 302 STREET ADDRESS CITY-ST-ZIP HYPOLUXO FL 33462 CITY-ST-ZIP DVP TIT) F Delete ☐ Change ☐ Addition QURANTINO, JUAN NAME NAME STREET ADDRESS 506 NW 8TH CT STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filling 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 trostee 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.