2001 UNIFORM BUSINESS REPORT (UBR) SEGRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #:747178** SILVER OAKS TENANTS ASSOCIATION, INC. DI AUG 28 PM 5: 14 Principal Place of Business Mailing Address 3020 S.W. 61 AVENUE 3020 S.W. 61 AVENUE 77770 DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable 59-1908403 Zip Country Country \$8.75 Additional Fee Required ss of New Registered Agent RICHARDSON, RAVON 5980 SW 29 ST DAVIE FL 33314 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE PO HEIDI DAVIS TITLE Change Addition NAME RICHARDSON, RAVEN NAME 3043 5W615+Crecke STREET ADORESS 5980 SW 29TH COURT STREET ADDRESS PO BOY 292332 DAVIE Fla 33314 CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP Delete 4 Rudy Colon V.P. TITLE MLE Addition STONE, BRETT NAME NAME Sw 60 Un terr. STREET ADDRESS 6038 SW 38TH STREET STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-7IP Delete TITI F TITLE Addition Colon NOLAN, ESTHER NAME NAME 3152 Sw 60th Terr. STREET ADDRESS 5920 SW 29TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL. 33314 DVIE FL 33314 TITLE De Delete TITLE Richard Interest Addition NOLAN, LARRY 3044 SW 61 AVE STREET ADDRESS 5920 SW 29 CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33314** DAVIE Florida 33314 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME 500004565215 STREET ADDRESS STREET ADDRESS -08/31/01--01025--0**b**5 CITY-ST-ZIP CITY-ST-ZIP かかかから Change TITLE NAME NAME All STREET ADORESS STREET ADDRESS 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. PRINCED BABURELLEID SIGNATURE: