2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2002 8:00 am Secretary of State **DOCUMENT # 747178** SILVER OAKS TENANTS ASSOCIATION, INC. 05-08-2002 90051 048 ****61.25 Principal Place of Business Mailing Address 3020 S.W. 61 AVENUE 3020 S.W. 61 AVENUE 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 4. FEI Number Applied For 59-1908403 Not Applicable Zip Country Ζiρ 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 Name DAVIS, HEIDI Street Address (P.O. Box Number is Not Acceptable) 3020 S.W. 61 AVENUE **DAVIE FL 33314** City Zip Code by submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition DAVIS, HEIDI NAME NAME 3043 S.W. 61 AVENUE STREET ADDRESS STREET ADDRESS **DAVIE FL 33314** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition COLON, RUBY NAME 3152 SW 60TH TERRACE STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE. Carida Rodriguez Change Addition COLON JANE NAME NAME 307555 Wi 60 ferr. 3152 SW 60TH TERRACE STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition INTEREST, RICHARD NAME NAME eddu 3044 S.W. 61 AVENUE STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIF CITY-ST-ZIP □ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

964 850 345

80091953 Silver Oaks same has Changed to Palma Nova I need a form to change OUR Associations Name to Palma Nova Thank you HEIDI Davis