749074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

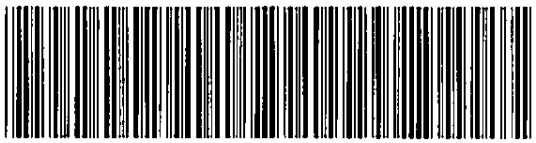
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800416678688

Bruce W. Flower
Attorney at Law

[illegible] SANFORD BUILDING [illegible] EAST ROBINSON STREET ORLANDO, FLORIDA 32801 TELEPHONE (305) 841-1705

749074

July 26, 1979

9/w
4066 7/31/79
006 4 30.00 DS
4066 7/31/79
006 7 6.00 DS
4066 7/31/79
006 8 9.00 DS

Secretary of State
State of Florida
Corporate Division
The Capitol
Tallahassee, Florida 32304

mw

Dear Sir:

Enclosed please find an original and copy of the Articles of Incorporation in the name of RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC., A Corporation Not for Profit. Please return a certified copy of the Articles of Incorporation to this office.

Rogo

FILED
75 JUL 26 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

You will also find enclosed my check in the amount of $38.00 for the following services:

Filing Fee	$	30.00
Registered Agent Form		3.00
Certified copy of Articles of Incorporation		5.00
	$	38.00 Total

38

PRIVILEGE TAX
C. TAX
FILING 30
C. COPY 5
R. & FEE 3
P. COPY
SEARCH
TOTAL 38
BALANCE DUE

Thank you for your forthcoming prompt attention.

Very truly yours,

Bruce W. Flower

BWF:dsm
Enclosures stated

CC 9/06/79

Secretary of State

George Firestone
Secretary of State

August 6, 1979

Bruce W. Flower
Suite 800 Hartford Building
200 East Robinson Street
Orlando, Florida 32801

SUBJECT: RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.

Returned: ___x___ Pending: _____ Check acknowledged: $38.00

1. _____ NAME IS NOT AVAILABLE

2. _____ Name must include a corporate suffix, INC. or INCORPORATED.

3. _____ BALANCE DUE:

4. _____ The number of directors the corporation shall have (no less than three) must be shown with a statement designating the total number.

5. _____ The articles state that there will be _____ directors initially. However, _____ are listed.

6. _____ The qualifications for membership and the manner of their admission to membership must be shown in the articles of incorporation. Please be specific.

7. _____ The articles of incorporation must state who will manage the affairs of the corporation, and the times at which they will be elected or appointed.

8. _____ Please list the officers and the office(s) held by each.

9. ___x___ A designation of registered office and registered agent at the same street address must be contained within the articles of incorporation, and the registered agent must sign accepting that designation.

10. ___x___ All incorporators must sign and their signatures must be acknowledged (notarized).

11. _____ All incorporators signing must be listed in Article _____.

12. _____ Notary Public's acknowledgement is incomplete.

13. _____ The document(s) must be legible for microfilming (clear, black print on a white background).

14. _____ You must list at least _____ three (3) incorporators. Please be sure to provide addresses for all.

15. _____ The articles must state by whom the by-laws may be made. Please see enclosed.

16. _____ The articles must state by whom and in what manner amendments to the articles of incorporation may be made.

17. _____

18. _____

19. _____

20. _____

FLORIDA - STATE OF IMAGE

Secretary of State

August 6, 1979

Bruce F. Flower
Suite 800 Hartford Building
200 East Robinson Street
Orlando, Florida 32801

RECEIVED
AUG 8 AM '79
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.

Returned ___x___, Pending _____, Check acknowledged $38.00, _____

1. ____ NAME IS NOT AVAILABLE

2. ____ Name must include a corporate suffix, INC. or INCORPORATED.

3. ____ BALANCE DUE:

4. ____ The number of directors the corporation shall have (no less than three) must be shown with a statement designating the total number.

5. ____ The articles state that there will be _____ directors (initially). However, _____ are listed.

6 ____ The qualifications for membership and the manner of their admission to membership must be shown in the articles of incorporation. Please be specific.

7. ____ The articles of incorporation must state who will manage the affairs of the corporation, and the times at which they will be elected or appointed.

8. ____ Please list the officers and the office(s) held by each.

9. __x__ A designation of registered office and registered agent at the same street address must be contained within the articles of incorporation, and the registered agent must sign accepting that designation.

10. __x__ All incorporators must sign and their signatures must be acknowledged (notarized).

11. ____ All incorporators signing must be listed in Article _____

12. ____ Notary Public's acknowledgment is incomplete.

13. ____ The document(s) must be legible for microfilming (clear, black print on a white background).

14. __x__ You must list at least _____ three (3) incorporators. Please be sure to provide addresses for all.

15. ____ The articles must state by whom the by-laws may be made, altered or rescinded.

16. ____ The articles must state by whom and in what manner amendments to the articles of incorporation may be made.

17. ____ [illegible]

FILED
AUG 10 1979
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUP

FLOWER - Blue Copy

CORPORATION DIVISION

749074

FILED

SEP 25 1 02 PM 1972

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.
A Corporation Not For Profit

ARTICLE I - NAME

The name of this corporation is: RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.

ARTICLE II - PURPOSE

The purposes of this corporation shall be:

1. To assist in the acquiring, building, equipping, maintaining, owning, providing for the operation of, and operating certain of water front property and facilities related thereto for the benefit of those members outlined in Article III, upon such conditions as to meet if possible the expense thereof without making a profit therefrom in keeping with the standards established by any governmental agency and in accordance with the by-laws established by the members.

2. To receive and maintain a fund or funds or real or personal property, or both, subject to the restrictions and limitations hereinafter set forth, and to use and apply the whole or any part of the income therefrom and the principal thereof exclusively for the above-mentioned purposes and activities; provided, however, that no part of such income or such principal shall be contributed to any organization whose net earnings, or any part thereof, inure to the benefit of any private shareholder or individual or any substantial part of the activities of which is carrying on propaganda or otherwise attempting to influence legislation.

ARTICLE III - QUALIFICATION OF MEMBERS

The membership of this corporation shall constitute all persons hereinafter named as subscribers and such other persons who are landowners or who are in possession of real property located within that certain subdivision known as Rio Grande Terrace, Second Addition as shown in Plat Book N, pages 1,2 and 3, Public Records of Orange County, Rio Grande Terrace, Fifth Addition, Book X, page 41, Rio Grande Terrace, Sixth Addition,

an unrecorded plat in Orange County, Florida, and who subscribe to the work and purposes of Rio Grande Homeowners Improvement Association, Inc.

ARTICLE IV - TERM

This corporation shall have perpetual existence.

ARTICLE V - SUBSCRIBERS

The names and residences of the subscribers are as follows:

Name	Address
Gwen Hadden	1721 W. 26th Street Orlando, Florida 32805
Carroll Frazier	1713 W. 24th Street Orlando, Florida 32805
Bruce W. Flower	Suite 800, Hartford Building Orlando, Florida 32801

ARTICLE VI - OFFICERS

Section 1. The affairs of the corporation shall be managed by a President, Vice President, Secretary and Treasurer, and such other officers as may be provided in the By-Laws. Officers shall be elected by the Board of Directors in January of each successive year or at such other times as provided in the By-Laws.

Section 2. The names of the persons who are to serve as officers of the corporation until their successors are elected are:

President:	Gwen Hadden
Vice President:	Marvin Leo Flanders 1624 Montview Street Orlando, Florida
Secretary/Treasurer	Carroll Frazier

ARTICLE VII - BOARD OF DIRECTORS

Section 1. The first Board of Directors shall consist of five persons.

Section 2. The names and addresses of the persons who are to serve as Directors until the first election thereof are:

Name	Address
Gwen Hadden	1721 W. 26th Street Orlando, Florida 32805

Carroll Frazier	1713 W. 24th Street Orlando, Florida 32805
Grady Hadden	1721 W. 26th Street Orlando, Florida 32805
Alvin Harding	1621 Montview Street Orlando, Florida 32805
Carl Boyce	1820 W. Grant Street Orlando, Florida 32805

Section 3. The Board of Directors shall be members of the corporation.

Section 4. The members of the Board of Directors shall be elected and hold office in accordance with the Bylaws.

ARTICLE VIII - BYLAWS

Section 1. The Board of Directors may provide such Bylaws for the conduct of its business and the carrying out of its purposes as they may deem necessary from time to time.

Section 2. Upon proper notice the Bylaws may be amended, altered or rescinded by a majority vote of those members of the Board of Directors present at any regular or any special meeting called for that purpose.

ARTICLE IX - AMENDMENTS

Section 1. These Articles of Incorporation may be amended at a special meeting of the membership called for that purpose by a two-thirds vote of those present with a required quorum present.

Section 2. Amendments may also be made at a regular meeting of the membership upon two weeks notice given, as provided by the Bylaws, of intention to submit such amendments to the membership.

ARTICLE X - LOCATION

The location of this corporation shall be 1721 W. 26th Street, Orlando, Florida 32805.

ARTICLE XI - POWERS

In order to promote the purposes of this corporation it may acquire property by grant, gift, purchase, devise, or be-

quest, and hold and dispose of such property as the corporation shall require to fulfill its objectives and not for pecuniary profit.

ARTICLE XII - DISTRIBUTION OF ASSETS UPON DISSOLUTION

Upon dissolution of this corporation all of its assets remaining after payment of all costs and expenses of such dissolution shall be distributed to religious charities and/or organizations which have qualified for exemption under Section 501(c) (3) of the Internal Revenue Code and approved by the Board of Directors, and none of the assets will be distributed to any member, officer, or trustee of this corporation.

ARTICLE XIII - REGISTERED AGENT

The registered agent of this corporation shall be BRUCE W. FLOWER, Esquire, Suite 800, Hartford Building, 200 East Robinson Street, Orlando, Florida 32801.

IN WITNESS WHEREOF, we, the undersigned subscribing incorporators, have hereunto set our hands and seals, this 5th day of July, 1979, for the purpose of forming this corporation under the laws of the State of Florida.

Gwen Hadden

Carroll Frazier

Bruce W. Flower

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared GWEN HADDEN and CARROLL FRAZIER, to me known to be the persons described as Incorporators in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed and subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State last aforesaid this 6th day of July, 1979.

(NOTARIAL SEAL)

Notary Public, State of Florida
My Commission Expires:

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared, BRUCE W. FLOWER, to me known to be the person described as an Incorporator in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed and subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of September, 1979.

Notary Public - State of Florida at Large

(NOTARIAL SEAL)

My Commission Expires:

Notary Public, State of Florida at Large
My Commission Expires Feb. 2, 1982
Bonded by American Fire & Casualty Company

STATE OF FLORIDA
DEPARTMENT OF STATE

I certify that the attached copy of Articles of Incorporation for THE [illegible] is a true and correct copy as filed on [illegible], as shown by the records of this office.

The document number of this corporation is [illegible].

The following is submitted in compliance with Chapter 48.091, Florida Statutes:

THE CHASE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC., a corporation organized (or qualified) under the laws of the State of Florida with its principal office located at 101 E. 16th Street, Orlando, Florida, County of Orange, State of Florida, has named [illegible], whose address is Suite 500, Barnett Building, 100 East Robinson Street, Orlando, Florida 32801, as its agent to accept service of process within the State.

ACCEPTANCE:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

[illegible]

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

FILED
8 10 13 AM '80
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

749074
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOC.
1721 WEST 26TH STREET
ORLANDO, FL. 32805

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 9/25/1979

4. Federal Employer Identification Number (FEIN): NA

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HADDEN, GWEN	P/D	1721 W. 26TH STREET	ORLANDO, FL.
FLANDERS, HARVIN LEO	V	1624 MONTVIEW STREET	ORLANDO, FL.
FRAZIER, CARROLL	S/T	01713 W. 24TH STREET	ORLANDO, FL.
HADDEN, GRADY	D	1721 W. 26TH STREET	ORLANDO, FL.
HARDING, ALVIN	D	1621 MONTVIEW STREET	ORLANDO, FL.
BOYCE, CARL	D	1820 W. GRANT STREET	ORLANDO, FL.

7. Registered Agent Information

Name: FLOWER, BRUCE W., ESQUIRE

Street Address (Do NOT Use P.O. Box Number): 200 EAST ROBINSON ST., SUITE 800

City, State and Zip Code: ORLANDO, FL. 32801

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $5. 3/28/80

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Gwen Hadden	President/Director	422-4461

Signature: Gwen Hadden 749074 DA-28-3/27/80 F&S 10.00

Date

DO NOT WRITE IN THIS SPACE

(Form COR 620 Rev. 1/1/79

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED

AND

FILED

JUN 29 12 19 PM 1981

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office

749074
Rio Grande Homeowners Improvement Assoc.
1721 West 26th Street
Orlando, Florida 32805

If above address is incorrect in any way, enter the correct address here. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date of Incorporation or Qualified To Do Business in Florida: 9/25/1979

4. Federal Employer Identification Number (FEIN): None

5. Date of Last Report: 1980

1060 6/17/81 749074
008 2 10.00 OS

6. Names and Street Addresses of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	City and State
Flanders, Marvin Leo	P/D	1624 Montview Street	Orlando, Florida
Rahmlow, Bonnie	V	1620 Montview Street	Orlando, Florida
Hadden, Gwen	S	1721 West 26th Street	Orlando, Florida
Frazier, Carroll	T	1713 West 24th Street	Orlando, Florida
Hadden, Grady	D	1721 West 26th Street	Orlando, Florida
Boyce, Carl	D	1820 West Grant Street	Orlando, Florida
Rose, Tinsley	D	1817 West Grant Street	Orlando, Florida
Brown, Mickey	D	1630 West 26th Street	Orlando, Florida

7. Registered Agent Information

Name: Flower, Bruce W., Esquire

Street Address (Do NOT use P.O. Box Number): Suite 100, 500 North Maitland Avenue

City, State and Zip Code: Maitland, Florida 32751

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

See signature restrictions under instructions on reverse side of this form.

8. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer: Gwen H. Hadden

Title: Secretary

Telephone Number: 305-422-4461

Signature: Gwen H. Hadden

Date: 5/29/81

DO NOT WRITE IN THIS SPACE

M56298

Form Instruction No. 2284

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
Ron Levitt
Assistant Secretary of State

Telephone Number:
904/488-9840

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is

Rio Grande Homeowners Improvement Association, Inc.

SECOND: The address of its present registered office is

200 East Robinson Street, Suite 800, Orlando, Florida 32801

THIRD: The address to which its registered office is to be changed is

Suite 100, 500 North Maitland Avenue, Maitland, Fla 32751 5/17/81 3.00 DS

FOURTH: The name of its present registered agent is

Bruce W. Flower Esquire

FIFTH: The name of its successor registered agent is

SAME

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated May 29, 19 81.

Rio Grande Homeowners Improvement Association, Inc.
(exact corporate name)

SIGNATURE [signature]
(President or Vice-President)

DATE 5/29/81

SIGNATURE [signature]
(Registered Agent)

DATE 29 May 81

FILING FEE: $3.00

CER. 114 Rev. 1-80

FLORIDA-State of the Arts

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1982

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

DO NOT WRITE IN THIS SPACE

FILED

MAR 12 10 08 AM '82

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Mailing Corporation Principal Office

749074
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOC.
1721 WEST 26TH STREET
ORLANDO, FL. 32805

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 09/25/1979

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report: 06/29/1981

6. Names and Street Addresses of Each Officer and Director (Do NOT Use P.O. Box Numbers)

Name of Each Officer and Director	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	City and State
HADDEN, GWEN	S	1721 W. 26TH STREET	ORLANDO, FL.
FLANDERS, MARVIN LEO	P/D	1624 MONTVIEW STREET	ORLANDO, FL.
FRAZIER, CARROLL	T	1713 W. 24TH STREET	ORLANDO, FL.
HADDEN, GRADY	D	1721 W. 26TH STREET	ORLANDO, FL.
ROSE, TINSELY	D	1817 W. GRANT STREET	ORLANDO, FL.
BOYCE, CARL	D	1820 W. GRANT STREET	ORLANDO, FL.

Registered Agent Information

7. Name and Address of Registered Agent

FLOWER, BRUCE W. , ESQUIRE
SUITE 100, 500 N. MAITLAND AVE.
MAITLAND FL. 32801

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

SIGNATURE _____ DATE _____

(Registered Agent's acceptance of appointment)

$3.00 additional fee required for Registered Agent changes.

(See reverse side of this form)

Pursuant to Law, an Officer of the Corporation Authorized to Execute This Report as Required by Chapter 607 F.S.
I Hereby Certify that I understand the Penalties for Making False Statements in This Report and that the Same Are True and Correct to the Best of My Knowledge and Belief, Made Under Oath.

Signature: Gwen H. Hadden

Date: 2/9/82

Name and Office of Signing Officer: Gwen H. Hadden

Title: Secretary

Telephone Number: 305-422-4461

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1983**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

MAY 12 10 50 AM 1983

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

749074
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOC.
1721 WEST 26TH STREET
ORLANDO, FL. 32805

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 09/25/1979

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report: 03/12/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HADDEN, GWEN	S	1721 W. 26TH STREET	ORLANDO, FL.
FLANDERS, MARVIN LEO	P/D	1624 MONTVIEW STREET	ORLANDO, FL.
FRAZIER, CARROLL	T	1713 W. 24TH STREET	ORLANDO, FL.
HADDEN, GRADY	D	1721 W. 26TH STREET	ORLANDO, FL.
~~ROSE, TINSLEY~~	~~D~~	~~1817 W GRANT STREET~~	~~ORLANDO, FL.~~
BOYCE, CARL	D	1820 W. GRANT STREET	ORLANDO, FL.
Kathryn Tyndall	D	1718 W. 26th St.	Orlando, Florida
Bonnie Rahmlow	P/D	1622 Montview Street	Orlando, Florida
Gerald Woodworth	VP	1730 W. Grant	Orlando, Florida

Registered Agent Information

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W. , ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation (organized under the laws of the State of Florida) submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors or _____

SIGNATURE _____ DATE 4/12/83
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. See signature requirements under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: Gwen H Hadden, Secretary — Date: 4/12/83

Typed Name of Signing Officer: Gwen H. Hadden — Title: Secretary — Telephone Number: 305-422-4461

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JUL 31 11 16 AM '84

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

749074
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIAT
1721 WEST 26TH STREET
ORLANDO, FL. 32805

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 005 9400 8/07/84 20.00 2 TL

P.O. Box No 005 9400 8/07/84 20.00

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 09/25/1979

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report 05/12/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1	HADDEN, GWEN	S	1721 W 26TH STREET	ORLANDO, FL	0000
2	BOYCE, CARL	D	1820 W GRANT ST	ORLANDO, FL	0000
3	FRAZIER, CARROLL	T	1713 W 24TH STREET	ORLANDO, FL	0000
4	TYNDALL, KATHRYN	D	1718 W 26TH ST	ORLANDO, FL	0000
5	WOODWORTH, GERALD	V/P	1730 W GRANT	ORLANDO, FL	0000
6	RAHNLOW, BONNIE	P/D	1622 MONTVIEW ST	ORLANDO, FL	0000

See attached

Registered Agent Information

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W., ESQUIRE
SUITE 100, 500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on .....

SIGNATURE ..... DATE .....
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

Signature Roberta B. Woodworth Date 7/24/84

Typed Name of Signing Officer: Roberta B. Woodworth Title Secretary-Treasurer Telephone Number 298-6393

11. Should you desire a certificate of status, check the box below and include an additional $5.00 with your payment.

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificate.

DSW 310 3[illegible]

COR 6001 (1-84)

July 24, 1984

Florida Department of State
Corporate Records
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir:

As of this date 7/24/84, please correct on your files the following names that hold the positions as officers of the Rio Grande Homeowners Association:

1)	Allen Lewis	President	1810 W. Grant Street	Orlando	32805
2)	Clair Franklin	V. President	1705 W. 24th Street	Orlando	32805
3)	Roberta Woodworth	Secretary Treasurer	1730 W. Grant Street	Orlando	32805
4)	Kathryn Tyndall	Director	1718 W. 26th Street	Orlando	32805
5)	Bonnie Rahmlow	Director	1622 Montview Street	Orlando	32805
6)	Gerald Woodworth	Director	1730 W. Grant Street	Orlando	32805
7)	David Sass	Director	2412 Rio Lane	Orlando	32805

Thank you for your assistance. If there are any questions, please feel free to call me at my place of work, (305) 646-6393.

Sincerely,

Roberta E. Woodworth
Secretary/Treasurer
Rio Grande Homeowners Association

rew

FILED

Jul 3 11 06 AM '84

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
Late payment 10.00
72 Privilege Tax
73 Annual Report
74 Annual Report
75 Annual Report
76 Annual Report
77 Annual Report
78 Annual Report
79 Annual Report
80 Annual Report
81 Annual Report
82 Annual Report 20.00
TOTAL 30.00
Bal. Due
Refund

005 9408 8/07/84
005 9408 8/07/84 10.00 10.00

749074

DSW AUG 3 2 PM

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1985

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

Oct 3 10 15 AM '85

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◀ Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office.

749074 1
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIAT
1721 WEST 26TH STREET
ORLANDO, FL. 32805

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address or Corporation Principal Office P.O. Box Number Alone is NOT Sufficient.

Street Address: Linsley Rose

P.O. Box No.: 1817 West Grant St

City: Orlando 32805

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 09/25/1979

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 07/31/1984

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1	LEWIS, ALLEN	P	1810 W.GRANT ST.	ORLANDO, FL	0000
2	FRANKLIN, CLAIR	V	1708 W. 24TH ST.	ORLANDO, FL	0000
3	WOODWORTH, ROBERTA	S/T	1730 W. GRANT ST.	ORLANDO, FL	0000
4	TYNDALL, KATHERINE	D	1718 W 26TH ST	ORLANDO, FL	0000
5	WOODWORTH, GERALD	D	1730 W GRANT	ORLANDO, FL	0000
6	RAHMLOW, BONNIE	D	1622 MONTVIEW ST	ORLANDO, FL	0000

Registered Agent Information

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W., ESQUIRE
SUITE 100, 500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

006 0409 10/03/85 $0.00

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10-3-85 lkw

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature: Bruce W. Flower

Date: 9/3/85

Typed Name of Signing Officer: Bruce W. Flower

Title: S/T

Telephone Number: 645-4409

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 additional fee required for a Certificate of Status.

2 CHAM074 (1/85)

DUE DATE ON OR AFTER JANUARY 1 - DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED

86 JUN 24 AM 10:51

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required – Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

749074 1
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I
~~FINLEY ROSS~~ Robert L Bates
~~1817 WEST GRANT ST.~~ 1824 W. GRANT ST
ORLANDO, FL. 32805

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office; P.O. Box Number Alone is NOT Sufficient.
1824 W. GRANT ST

Street Address 21

P.O. Box No. 22

ORLANDO FL

City and State 23

32805

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 09/25/1979

4. Federal Employer Identification Number (FEI#): N/A

5. Date of Last Report: 10/03/1985

6. Names and Street Addresses of Each Officer and Director as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
~~Robert~~ Bates, Robert	P	1824 W GRANT ST	ORLANDO FL	
LEWIS, ALLEN	T	1810 W. GRANT ST.	ORLANDO, FL	00000
FRANKLIN, CLAIR	V	1708 W. 24TH ST.	ORLANDO, FL	00000
~~WOLLWORTH, ROBERTA~~	~~S/T~~	~~1730 W. GRANT ST~~	~~ORLANDO, FL~~	00000
Bates, SARAH	S	1824 W GRANT ST	ORLANDO FL	
~~PAGELL, KATHERINE~~	D	~~1718 W 26TH ST~~	ORLANDO, FL	00000
Bass, Annell	D	Rio Lane		
WOODWORTH, GERALD	D	1730 W GRANT	ORLANDO, FL	00000
PAMLOW, BONNIE	D	1622 MONTVIEW ST	ORLANDO, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W., ESQUIRE
SUITE 100, 500 N. MAITLAND AVE
MAITLAND FL 32201

8. Name and Address of New Registered Agent

Name 31

Street Address (Do NOT Use P.O. Box Number) 32

City and State 33: FL.

Zip Code 34

9. Pursuant to F.S. [illegible] and F.S. 607.047 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The registered office is hereby changed to: [illegible]

The registered agent is hereby changed to: [illegible]

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of [illegible]

SIGNATURE: _____ DATE: _____
(Registered Agent Appointing Acceptance)

$3.00 additional fee required for Registered Agent changes.

10. See reverse side for instructions.

I Certify That I Am an Officer of the Corporation, a Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.

I Further Certify That I Understand the Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Other Required Information: Below Is:

Signature: Allen T. Lewis

Date: 6-16-86

Type or Print Name of Person Signing: Allen T. Lewis

Title: TREASURER

Telephone Number: 305-425-0815

Should you desire a certificate of status, check the box: CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR5E031 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

APPROVED

CORPORATION ANNUAL REPORT 1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1987 JUN 25 PM 3:11
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $25 Required – Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

745074 1
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO, FL 32805

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 09/25/1979

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report: 06/24/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
LEWIS, ALLEN	T	1810 W. GRANT ST.	ORLANDO, FL	00000
FRANKLIN, CLAIR	V	1708 W. 24TH ST.	ORLANDO, FL	00000
BATES, ROBERT	*D	1730 W. GRANT ST.	ORLANDO, FL	00000
BATES, SARAH	S	1824 W. GRANT ST.	ORLANDO, FL	00000
WOODWORTH, GERALD	D	1730 W GRANT	ORLANDO, FL	00000
RAHMLOW, BONNIE	D	1622 MONTVIEW ST	ORLANDO, FL	00000
HARDING, ALVIN	VP	1715 MONTVIEW ST	ORLANDO, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

FLOYER, BRUCE W., ESQUIRE
SUITE 100, 500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent:

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325, F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6)

Signature: Allen T. Lewis — Date: 6-17-87

Typed Name of Signing Officer: Allen T. Lewis — Title: Treasurer — Telephone Number: 305-421-0815

11. Should you desire a certificate of status check the box: CERTIFICATE OF STATUS DESIRED ☐ — $5 Additional Fee required for a Certificate of Status

CR2E024 (11/85)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

749074
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO, FL. 32805

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified (If Do Business in Florida): 09/25/1979

4. Federal Employer Identification Number (FEIN): N/A

5. Date of Last Report: 06/25/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

Names of Officers and Directors	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
LEWIS, ALLEN	T	1810 W.GRANT ST.	ORLANDO, FL	00000
FRANKLIN, CLAIR	V	1708 W. 24TH ST.	ORLANDO, FL	00000
BATES, ROBERT	D	1730 W. GRANT ST.	ORLANDO, FL	00000
BATES, SARAH	S	1824 W. GRANT ST.	ORLANDO, FL	00000
HARDING, ALVIN	P	1715 MONTVIEW ST.	ORLANDO, FL	00000
McCrees, Connie	SO	1716 MONTVIEW ST	ORLAND FL	32805
RAMLOW, BONNIE	D	1622 MONTVIEW ST	ORLANDO, FL	00000
[illegible], ANITA	D	2412 RIO LANE	ORLANDO FL	32805

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W., ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Section 607.1916 and 607.1917, Florida Statutes, the above named corporation, incorporated / under the laws of the State of Florida, submits this statement to change its registered office or registered agent, or both, in the State of Florida.

The above address, registered agent(s) and/or office(s) are accepted.

SIGNATURE: _____ DATE: _____
(Registered Agent Signature Required)

10. If a foreign corporation, state the jurisdiction where it was incorporated: _____

11. See instructions regarding certain corporations on reverse side of this form.

I (We) hereby certify that the information contained herein is true and correct. Each Officer and Director listed must sign. Please print name and title of person signing.

Signature: [signature] Date: 6-5-88

Type or Print Name of Officer or Director: ALLEN T. LEWIS

Title: TREASURER

Telephone Number: 407-423-0815

12. If you desire a certificate of status, check the box.

CERTIFICATE OF STATUS DESIRED ☐

CR2E054 (1-88)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

1989 JUL 19 PM 2:08

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Type or Print and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

749074 1
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO, FL. 32805-6027

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22 ~~07/29/89 00179 018~~
ANNUAL REPORT
~~ANNUAL REPORT 35.00~~

City and State 23 ~~TOTAL 35.00~~

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
09/25/1979	N/A	06/09/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988 we have never had one of these

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
T	LEWIS, ALLEN	1810 W.GRANT ST.	ORLANDO, FL	00000
V	FRANKLIN, CLAIR	1708 W. 24TH ST.	ORLANDO, FL	00000
D	BATES, ROBERT	1730 W. GRANT ST.	ORLANDO, FL	00000
S	BATES, SARAH	1824 W. GRANT ST.	ORLANDO, FL	00000
P	HARDING, ALVIN	1715 MONTVIEW ST.	ORLANDO, FL	00000
D	RAHNLON, BONNIE	1622 MONTVIEW ST	ORLANDO, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W. , ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 FS

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida

11. See signature restrictions under section 9 on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be noted in Block 6.)

Signature	Date
Allen Lewis	5-31-89
Typed Name of Signing Officer or Director: Allen T. Lewis	Title: TREASURER
	Telephone Number: 407-423-0815

12. Only if you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

APPROVED P90000400

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1990 JUN 26 AM 9:40
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: 749074 1

ZIP + 4 PRESORT
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO, FL. 32805-6027

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 09/25/1979

4. FEI Number: NOT APPLICABLE

☐ FEI Number Applied For
☐ FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
T	LEWIS, ALLEN	1810 W.GRANT ST.	ORLANDO, FL	00000
V	~~FRANKLIN, CLAIR~~ Stevens, Stephen	~~1708 W. 24TH ST.~~ 2407 W 24 St	ORLANDO, FL	00000
D	BATES, ROBERT	1730 W. GRANT ST.	ORLANDO, FL	00000
S	BATES, SARAH	1824 W. GRANT ST.	ORLANDO, FL	00000
P/D	HARDING, ALVIN	1715 MONTVIEW ST.	ORLANDO, FL	00000
D	~~RAMBLOW, BONNIE~~ Boyce, Carl	~~1622 MONTVIEW ST~~ 1820 W GRANT ST	ORLANDO, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W., ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, this above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by its Board of Directors on .....

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE ..... DATE .....
(Registered Agent Acceptance Acknowledgment)

10. I hereby certify that the information indicated on this annual report or supplemental annual 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 607, F.S.

Signature: Allen Lewis Date: 6-20-90

Typed Name of Signing Officer or Director: Allen T. Lewis
Title: Treasurer
Telephone Number: 407-423-0815

11. Should you desire a certificate of status, check the box: CERTIFICATE OF STATUS DESIRED ☐

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JUL 18 91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation

DOCUMENT #749074 (1)

ZIP + 4 PRESORT

RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO, FL. 32805-6027

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 09/25/1979

4. FEI Number: NOT APPLIC

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4	
1	T	LEWIS, ALLEN	1810 W.GRANT ST.	ORLANDO, FL	00000
2	D	~~STEVENS, STEPHANE~~ Manor, A.D.	~~2407 W. 24TH ST.~~ 2400 Rio Lane	ORLANDO, FL	00000
3	D	~~BATES, ROBERT~~ Cormier, Lee	~~1730 W. GRANT ST.~~ 1822 W GRANT ST	ORLANDO, FL	00000
4	S	BATES, SARAH	1824 W. GRANT ST.	ORLANDO, FL	00000
5	D	~~HARDING, ALVIN~~ Miller, Cornelius	~~1715 MONTVIEW ST.~~ 2909 Rio Lane	ORLANDO, FL	00000
6	D	BOYCE, CARL	1820 W. GRANT ST	ORLANDO, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FLOWER, BRUCE W. , ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent

81 Name

82 Street Address (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City: FL

85 ZIP Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 6 or on an attachment with an X in this box.

SIGNATURE Sarah Bates DATE 6-15-91

Typed Name of Signing Officer or Director: Sarah Bates

Title: Secretary

Telephone Number (Optional): (407) 841-5680

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
92 APR -9 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $61.25 Make Payable To: *Secretary of State*

1. Name and Mailing Address of Corporation: DOCUMENT #749074 (1)

PROSPERO
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO FL 32805-6027

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

2. If Address in Block 1 is incorrect or if any, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address: 04/13/92--00056--002 ANNUAL REPORT
22 P.O. Box: ANNUAL REPORT-----$61.25
23 City and State: ----------
24 Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 09/25/1979

3a. Date of Last Report: 07/18/1991
4. FEI Number: NOT APPLICABLE
FEI Number Applied For
FEI Number Not Applicable
5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

6. Name and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4	
1 T	LEWIS, ALLEN	1810 W.GRANT ST.	ORLANDO, FL	00000
2 D	MANOR, A.D.	2400 RIO LANE	ORLANDO, FL	00000
3 D	CORMIER, LEE	1822 W. GRANT ST	ORLANDO, FL	00000
4 S	BATES, SARAH	1824 W. GRANT ST.	ORLANDO, FL	00000
5 D	MILLEK, CORNELLES	2404 RIO LANE	ORLANDO, FL	00000
6 D	BOYCE, CARL	1820 W. GRANT ST	ORLANDO, FL	00000 AB4/9/92

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:
FLOWER, BRUCE W. , ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL 32801

8. Name and Address of New Registered Agent:
81 Name:
82 Street Address 1 (Do NOT Use P.O. Box Number):
83 Street Address 2 (Do NOT Use P.O. Box Number):
84 City: FL.
85 Zip Code:

9. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

SIGNATURE: (Required when changing registered office/registered agent.) DATE:

10. Pursuant to Section 607.0505, Florida Statutes: Yes: No: X (Check one only. See instructions on reverse side.)

11. To comply with Section 607.0505, Florida Statutes, I am familiar with the contents of this annual report and that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a misdemeanor of the first degree, punishable as provided in Section 775.082 or 775.083, Florida Statutes, and that the penalty for knowingly submitting a false annual report is a fine of $500.

SIGNATURE: Allen T. Lewis DATE: 5-29-92

Type or Print Name of Person Signing: Allen T. Lewis
Title: TREASURER
Telephone Number Daytime: (407) 423-0815

13. Should you wish to participate in the Florida Corporate Financing Trust Fund, check the box and submit an additional $5.00 to the filing fee: ☐

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
93 MAY -1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 749074 (1)

1. Name and Mailing Address of Corporation

RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.
% ROBERT L. BATES
1824 W GRANT ST
ORLANDO FL 32805-6027

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1979	3a. Date of Last Report: 04/09/1992
FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE = $200.00 MAKE CHECK PAYABLE TO DEPARTMENT OF STATE
4. FEI Number: NOT APPLICABLE	Applied For / Not Applicable
2. Mailing Address (21)	2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
5. Certificate of Status Desired ☐	$8.75 Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$138.75 Supplemental Fee Not Required
8. This corporation has paid, or is exempt from, taxes under Section 5, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

FLOWER, BRUCE W., ESQUIRE
SUITE 100, 500 N MAITLAND AVE
MAITLAND FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code 86 Country

11. Pursuant to the provisions of Section 607.0502 and 617.0502 (or Sections 617.0502 and 617.1502), Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors or trustees of the corporation.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS (Changes)
T LEWIS, ALLEN 1810 W.GRANT ST. ORLANDO, FL 00000	
D MANOR, A.D. 2400 RIO LANE ORLANDO, FL 00000	
D CORMIER, LEE 1822 W. GRANT ST ORLANDO, FL 00000	
S BATES, SARAH 1824 W. GRANT ST. ORLANDO, FL 00000	
D MILLEK, CORNELLES 2404 RIO LANE ORLANDO, FL 00000	
D BOYCE, CARL 1820 W. GRANT ST ORLANDO, FL 00000	

14. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature below authorizes this report to be delivered to the Department of State for filing, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE: [signature] DATE: 4-27-93

Print Name and Indicate Capacity or Title: Allen T. Lewis TREASURER

Daytime Telephone Number: (407) 423-0815

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 APR 29 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749074 (1)

1. Corporation Name
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION I INC.

Mailing Address
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO FL 32805

Principal Place of Business
% ROBERT L. BATES
1824 W. GRANT ST.
ORLANDO FL 32805

If above addresses are incorrect or any line through incorrect information and type correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1979
3a. Date of Last Report: 05/01/1993
4. FEI Number: 31-1404228 NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for Intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
FLOWER, BRUCE W., ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the designation as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE: DATE:

12. OFFICERS AND DIRECTORS

T
LEWIS, ALLEN
1810 W.GRANT ST.
ORLANDO, FL 00000

D
MANOR, A.D.
2400 RIO LANE
ORLANDO, FL 00000

D
CORMIER, LEE
1822 W. GRANT ST.
ORLANDO, FL 00000

S
BATES, SARAH
1824 W. GRANT ST.
ORLANDO, FL 00000

D
MILLEK, CORNELLES
2404 RIO LANE
ORLANDO, FL 00000

D
BOYCE,CARL
1820 W. GRANT ST
ORLANDO, FL 00000

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

800001160158
-05/09/94--01098--018
*****200.00 *****200.00

Ad 4-29

14. I hereby certify that the information indicated on this 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 607, Florida Statutes; and that I am familiar with the provisions of Section 817, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Allen T Lewis Allen T. Lewis Treasurer 4-27-94 407-422-0015
Required last manually signed by officer or director.

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED
AND
FILED

95 MAY 11 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749074 (1)

1. Corporation Name

RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% ROBERT L. BATES 1824 W. GRANT ST. ORLANDO FL 32805	% ROBERT L. BATES 1824 W. GRANT ST. ORLANDO FL 32805

3. Date Incorporated or Qualified: 09/25/1979
3a. Date of Last Report: 04/29/1994
4. FEI Number: 31-1404228 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(C)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FLOWER, BRUCE W. , ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Signature of registered agent if registered agent is changed) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	51 TITLE ☐ Change ☐ Addition
NAME	LEWIS, ALLEN	52 NAME
STREET ADDRESS	1810 W.GRANT ST.	53 STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 00000	54 CITY-ST-ZIP
TITLE	D	61 TITLE ☐ Change ☐ Addition
NAME	MANOR, A.D.	62 NAME
STREET ADDRESS	2400 RIO LANE	63 STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 00000	64 CITY-ST-ZIP
TITLE	D	71 TITLE ☐ Change ☐ Addition
NAME	CORMIER, LEE	72 NAME
STREET ADDRESS	1822 W. GRANT ST	73 STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 00000	74 CITY-ST-ZIP
TITLE	S	81 TITLE ☐ Change ☐ Addition
NAME	BATES, SARAH	82 NAME
STREET ADDRESS	1824 W. GRANT ST	83 STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 00000	84 CITY-ST-ZIP
TITLE	D	91 TITLE ☐ Change ☐ Addition
NAME	MILLEK, CORNELLES	92 NAME
STREET ADDRESS	2404 RIO LANE	93 STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 00000	94 CITY-ST-ZIP
TITLE	D	101 TITLE ☐ Change ☐ Addition
NAME	BOYCE,CARL	102 NAME
STREET ADDRESS	1820 W. GRANT ST	103 STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 00000	104 CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this filing is accurate, and does not qualify for the exemption stated in Section 119 (Public), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Sarah Bates Sarah Bates 5/2/95 407-855-2911
(SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR) (DATE) (Area Code & Daytime Phone Number)
ext 240