2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # 749327 May 02, 2000 8:00 am Secretary of State HIDDEN BANYAN CONDOMINIUM ASSOCIATION, INC. 05-02-2000 90147 046 ****61.25 Principal Place of Business Mailing Address 1202 S LAKE DR 1202 S LAKE DR LANTANA FL 33462-6501 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2155932 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENSON, JAMES Street Address (P.O. Box Number is Not Acceptable DINUNZIO, MAXINE S. LAKE DR. #204 1202 S. LAKE DR. #202 LANTANA FL 33462 Zip Code 3346ಎ antana 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 SIGNATURE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change **Addition** Delete TITLE TITLE NAME JAMESBENSON NAME LAWRENCE, DIANE 12025.LAKE DRIVE \$ 204 STREET ADDRESS STREET ADDRESS 1202 S LAKE DRIVE #104 CITY-ST-7IP CITY-ST-ZIP LANTANA FL 33462 Lantana FL 33462 **Addition** TITLE PD **⊠** Delete TITLE Change Irwin GOOTENBERG NAME DINUNZIO. MAXINE NAME 1202 S. LAKE DRIVE #505 STREET ADDRESS STREET ADDRESS 1202 S. LAKE DR. #202 Lantana FL 33462 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 TITLE SD **⊠** Delete TITLE ۵۵ ☐ Change ★ Addition ANN ELLINGHAM LINKE, WILLIAM NAME 1202 S. LAKE DRIVE #201 STREET ADDRESS 1202 S LAKE DR, #303 STREET ADDRESS CITY-ST-ZIP Lantuna FL 33462 CITY-ST-ZIP Lantana Fl **VPD** TITLE Change ☐ Addition TITLE 💹 Delete NAME MOLL, LAURETTA NAME STREET ADDRESS STREET ADDRESS 1202 S. LAKE DR. #205 CITY-ST-ZIP CITY-ST-7IP Lantana FL 33462 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

THE UNAMES PBENSON 4/18/00