2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am § Secretary of State DOCUMENT # 755993 1. Entity Name 05-29-2001 90010 046 ****61.25 7 EAST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 535 NE 7 AVENUE 535 NE 7 AVENUE 977505 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 333C1 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 59-2478232 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 Name Street Address (P.O. Box Number is Not Acceptable) TIGHE, TOM 800 E BROWARD BLVD STE 505 City Zip Code FT LAUDERDALE FL 33301 FL 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** Signature, typed or printed name of registered agent and title if applicable. DATE (NOT: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaigr Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CR2E037 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition SENKO, RICK NAME NAME STREET ADDRESS 575 NE 7TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE Change Addition ROSENBERG, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 579 NE 7 AVE. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE ☐ Delete ☐ Change ☐ Addition TITLE KING, DOUGLAS NAME NAME STREET ADDRESS 571 NE 7TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Delete TITLE Change ☐ Addition NAME KING, HANZ NAME STREET ADDRESS 575 NE 7TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 suppliemental report is true and accurate and that it y 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 in changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition

FILED