2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # 763363 A PROPERTY OWNER'S ASSO			03-20-2003 90110 019 ****61.25					
Principal Place ALL FLORIDA 611 SUPPD. STUART FL 36	HWY STE B	Mailing Address ALL FLORIDA REAUTY SER. P - 0 BOX 2188 STUART FL 94885		•					
2. Principal F	Place of Business C.Contral Plan	3. Mailing Address	1 Dh						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0345097 Applied For				
Stuart PC Zip Country 34994 USA		Stuart Fo	Country		Not Applicable S. Certificate of Status Desired \$8.75 Additional				
3490	94 USA 6. Name and Address of Current F	34994				tatus Desired ress of New Registe	Fee Require		
	Name								
ALL FLORIDA REALITY SERVICES, INC. 611 S. FEDERAL HICHWAY, STE. B				Street Address (P.O. Box Number is Not Acceptable)					
STUART	FL 34994	ERMICES, INC. Street Address (P.O. Box Number is Not Acceptable)							
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8. The above the obligation of the obligation of the summer of the summe	e named entity submits this statement for terms of registered agents ACO TENNESS OF THE STATEMENT OF THE ST	w Prope	egistered office	ma	ugar	૩	am familiar with,	and accept	
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	entribution.		\$5.00 May Be Added to Fees	Florida De	heck Payable partment of S	State	
10.	OFFICERS AND DIR	CTORS Delete	11.	^	DDITIONS/CHANGI	ES TO OFFICERS AN	U DIRECTORS IN		
NAME	SMITH, BRIAN	Date	NAME		JULIUS		- Ondrigo		
STREET ADDRESS CITY-ST-ZIP	1509 SW VIZCAYA CIRCLE			ļ	BE MINING		· 1.0.	12	
			STREET ADDRESS CITY-ST-ZIP	5	1509 SW	Viergy	Giele	p	
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NAME	PALM CITY FL 34990 SD FERRER, KAREN	☐ Delate	STREET ADDRESS CITY-ST-ZIP TITLE NAME	P	1509 SW resident wer, K	(a) () (Addition Addition	
	PALM CITY FL 34990 SD	☐ Delete	STREET ADDRESS CITY-ST-ZIP	P	resident vier, K 310,5W	vincay	Circle Change	Addition	
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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 eath; 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.

SIGNATURE: EIRIGE AILLIEUS REEVERYNDA KRAUSE TREASURER 03

EASURER 03/13/03 4540