2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #763507 FILED 1. Entity Name SUN FLOWER - MARGATE HOMEOWNERS AS
P.O. BOX 772488
CORAL SPRINGS, FLORIDA 33077 Jul 12, 2000 8:00 am **Secretary of State** 07-12-2000 90007 004 ****61.25 Principal Place of Business
P.O. BOX 772 468 CORAL SPRIMES, FLORIDA 33 1111167744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country 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 GAIL POLICELLA 1801 NW 80 AUE MARGATE FL 33063 Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office gistered agent, or both, in the state of Florida. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Architecture TITLE ☐ Delete TITLE Change Addition TOHO Policella NAME NAME 1801 NW 80 Ave. STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition Aubert Cardamore NAME NAME 1915 NW. 79 Ten STREET ADDRESS STREET ADDRESS 33063 CITY-ST-ZIP CITY-ST-ZIP Secretary Deane Robinson TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 7610 NW 18C1 STREET ADDRESS STREET ADDRESS 33263 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition salinda Huertas STREET ADDRESS STREET ADDRESS 1604 NW. 19 H CITY-ST-ZIP 33063 CITY-ST-ZIP moniu TITLE ☐ Change Addition Sat- at arms ☐ Delete NAME NAME Joan Baron STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition URKERBINS ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling-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 adcurate 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 repeiver 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

SIGNATURE: