2000 UNIFORM BUSINESS REPORT (UBR) Jun 08, 2000 8:00 am DOCUMENT # 768210 1. Entity Name **Secretary of State** BOCA Ridge Park Condo. Assoc. 06-08-2000 90431 040 ****61.25 Principal Place of Business Mailing Address 9275 Ketay Comble Bucarlatur, R. 33428 Boca Addge Park Condo. Ketay cincle. nnn62612 BOCA Raton, PC. 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 5 9 -City & State City & State Applied For Not Applicable 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 Estebanez O-Box Number is Not Acceptable) P. Inc 64 Aue #202 8. The above named entity submitted of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when re 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. P. 1D. ☐ Change ✓ Addition ☐ Delete TITLE TITLE NAME NAME Bizl Mahoney STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Z** Addition ☐ Change ☐ Delete TITLE Lee Tempest NAME : 9313 Ketay chicle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA Raton, PC. 33428 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete LILLIAN CONTINA NAME NAME 9320 Ketay chiele STREET ADDRESS STREET ADDRESS BOCARaton, PC. 33428. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE 350 Ketay cinkle Boca Ration, Pl. 33426 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition . Delete Dri. Rayo, Mathers 9326 Ketay chele Boco Raton, PC. 34 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ŽÍP ☐ Delete TITLE ☐ 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 rify 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 rify name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE: