ا الكارك UNIFURM BUSINESS REPURT (UBR) FILED DOCUMENT # N0000005805 V Mar 02, 2001 8:00 am **Secretary of State** KIVENDELL HOMEOWNERS ASSOCIATION, INC. 03-02-2001 90110 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 3026 SW 41ST LANE DCALA, FL 34474 723508 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *59-325081*2 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM H. WHITFIELD G. REX MOON Street Address (P.O. Box Number is Not Acceptable) 3026 SW HIST LANE OCALA, FL Zip Code FL OCALA <u>34474</u> 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 WILLIAM H. WHITFIELD **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE PRESIDENT Delete TITLE K Change ☐ Addition LARRY YOUNG 2932 SW 418T PLACE e. Rex Moon STREET ADDRESS 3026 SW 41ST LAND STREET ADDRESS OCALA, FL CITY-ST-ZIP OCALA. FL 34474 CITY-ST-ZIP Change Addition ☐ Delete vicki prendergast NAME NAME 3057 SW HIST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 TITLE Change Addition TITLE ☐ Delete NAME WILLIAM H. WHITFIELD 2105 SW 30TH COURT NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-ZIP 34474 Ocala, Fl ☐ Change ☐ Delete TITLE X Addition JIM DALEY 3050 SW HIST LANE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ocala, Fl 34474 Change ☐ Delete TITLE **Addition** TITLE NAME DON SNIVELY 3009 SW 41ST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ocala, FL ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. rild WILLIAM H. WHITFIED 2-26-2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* ADDRESS MAY BELISTED AS P.O. BOX 4481 OCALA FL 34478