FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

Feb 27, 2002 8:00 am Secretary of State DOCUMENT # N0100001862 1. Entity Name ASSOCIATION) CROISSANT SPRINGS CLUSTER HOMES ACCOCIATION. INC 02-27-2002 90090 004 ****61.25 Principal Place of Business Mailing Address 436 SW 14TH COURT 436 SW 14TH COURT FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 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 Not Applicable Zip Country 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 Branwere EDEWAARD DEVELOPMENT COMPANY LLC 436 SW 14TH COURT FT LAUDERDALE FL 33315 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President DP TITLE Delete TITLE ☐ Addition Change de Branwere EDEWAARD, C CRAIG NAME NAME STREET ADDRESS 436 SW 14TH COURT STREET ADDRESS SW 14 Court CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 DST Delete TITLE 051 🛣 Change ■ Addition NAME CUSMANO, RICHARD NAME daman lead STREET ADDRESS 436 SW 14TH COURT STREET ADDRESS CITY_ST-ZIP FT LAUDERDALE FL 33315 CITY=ST-ZIP FI-LAND--FL =3331.S. TREASUREZ Change TITLE Delete 01 TITLE ☐ Addition ALEXANDER, JOY NAME NAME aniel P. Seagran STREET ADDRESS 436 SW 14TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

with all other like empowered.