2003 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

Aug 13, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # N02000004433 01-15-2003 90069 001 *****8.75 1. Entity Name 01-15-2003 90069 002 ****61.25 SECTION ONE, THE BEACH HOUSE SOUTH TOWNHOMES OWN ERS ASSOCIATION, INC. Principal Place of Business Mailing Address 55054067 1409 ATLANTIC ST - 1409 ATLANTIC ST MELBOURNE BCH FL 32951 MELBOURNE BCH FL 32951 2. Principal Place of Business 3. Mailing Address 409 atlantic SX 409 atlantic Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For each Not Applicable \$8.75 Additional Fee Regulated 32951 nala 6. Name and Address of Current Registered Agent 7. Name and Address of TREE Registered Agent GRAHAM, BERNADETTE 1409 ATLANTIC ST MELBOURNE BCH FL 32951 City 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. I am familiar with, and accept the obligations of registered agent. (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 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/02) TITLE ☐ Change ☐ Addition Delete TITLE PETRUZZIELLO, JOSEPH , D NAME NAME STREET ADDRESS 1425 ATLANTIC ST STREET ADDRESS CITY-ST-ZIP Melbourne BCH FL 32951 CITY-ST-ZIP - 🗀 Delete TITLE TITLE Channe Addition Graham, bernadette , pNAME NAMÉ 1409 ATLANTIC ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BCH FL 32951 CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition Kelly, Jeanne , 12 NAME NAME STREET ADDRESS 1419 ATLANTIC ST STREET ADDRESS MELBOURNE BCH FL 32951 CITY- ST- 7IP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition BYERS, ROBERT, D NAME NAME STREET ADDRESS 3928 CARNABY DR STREET ADDRESS CUTY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS 13 CITY-ST-ZIP CITY-ST-ZIP -TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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(3Xi). 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.