FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Sep 10, 2001 8:00 am Secretary of State DOCUMENT # N03000000 387 09-10-2001 90061 023 \*\*\*550.00 VISCAYA HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2021 W. LAKE BRANTELY RD. 2021 W. LAKE BRANTELY RD. LONGWOOD FL 32779 LONGWOOD FL 32778 3. Mailing Address 2. Principal Place of Business 5088461S0695 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 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEGHDADI, GHOLAMALI Street Address (P.O. Box Number is Not Acceptable) 2021 W. LAKE BRANTELY RD. LONGWOOD FL 32779 Zip Code 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be , Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (5/01)TITLE ☐ Addition TITLE ☐ Delete Change MEGHDADI, GHOLAMALI NAME NAME STREET ADDRESS STREET ADDRESS 2021 W. LAKE BRANTELY RD. CITY-57-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE MEGHDADI, MELANIE RENE NAME NAME STREET ADDRESS 2021 W. LAKE BRANTELY RD. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LONGWOOD FL 32779 ☐ Delete TITLE TITLE Change ☐ Addition MEGHDADI: LINDA D--- - - -2021 W. LAKE BRANTELY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition STREET ADORES: STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: