FILED

2005 NOT-FOR-PROFIT CORPORATION		Apr 18, 2005 8:00 am
ANNUAL REPORT		Secretary of State
OCUMENT # N0300003116 Entity Name ASERAS AT PARKLAND GOLF & COUNTRY CLUB ONDONINIUM ASSOCIATION, INC.		04-18-2005 90337 003 ****70.00

1. C C Principal Place of Business Mailing Address 50038298 11575 HERON BAY BLVD 11575 HERON BAY BLVD CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-NP CR2E037 (10/03) 4. FEI Number 13-4249206 City & State City & State Applied For Not Applicable Zio Country Zio 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 Name SACHS SAX & KLEIN Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO ROAD - SUITE 4150 BOCA RATON, FL 33431 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PESI DENT 🗷 Delete Addition TITLE TITI F NAME WOLFE, DAVID NAME STREET ADDRESS 11575 HERON BAY BLVD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP DΫ TITLE PRINTOIT ☐ Change **X**Addition TITLE A Defete Mithell J SMAIL 1561 OLD Thyme Ct PACKLAND, FI 33076 NAME SMIETANA, MARK NAME STREET ADDRESS 11575 HERON BAY BLVD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Secretary Andrea Mayper DST TITLE Change **☑** Addition TITLE Delete NAME HALUSKA, ANDRE NAME 7565 Old Thyme Court STREET ADDRESS STREET ADDRESS 11575 HERON BAY BLVD CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY+ST-ZIP ☐ Delete TITLE easurer. Change Addition TITLE NAME NAME Richard Ru beins Director Belle Sussnow STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Addition** TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 7605 Old Thyme (+ CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #