2008 NOT-FOR-PROFIT CORPORATION

DOCUMENT # NO FIFD VICTORIA PARC AT TRADITION ASSOCIATION, INC. 09 JAN 12 PM 1: 17 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 123 N.W. 13 STREET. 123 N.W. 13 STREET BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6300 Park 6300 Por of Commerce OWNER Suite, Apt. #, etc. Suite, Apt. #, etc. BLOW 4. FEI Number Applied For City & State City & State FL Not Applicable Country US-A \$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 GAUDET, LYNNE Street Address (P.O. Box Number is Not Acceptable) 123 N.W. 13 STREET SUITE 300 BOCA RATON, FL 33432 City Boc Z̈̈S 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. BO N SIGNATURE and little if applicable (NOTE: Registered Agent signature required when reinstaling) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Change ★ Addition TITLE Delete TITLE 1 Shapiro Park of Commerce Blud GAUDET, LYNNE MANIE NAME David STREET ADDRESS 123 N.W. 13 STREET, SUITE 300 STREET ADDRESS 6300 Boca CITY-ST-ZtP BOCA RATON, FL 33432 CITY-ST-ZIP VD Change 🚜 Addition TITLE Delete YUTER, RON NAME NAME nomas Connece Blud FL 33487 STREET ADDRESS 123 N.W. 13 STREET, SUITE 300 STREET ADDRESS BOCA RATON, FL 33432 C/TY-ST-ZIP CITY-ST-ZIP STD Delete Change ' TITLE TATLE ■ Addition GOLDSTEIN, LARRY NAME NAME STREET ADDRESS 123 N.W. 13 STREET, SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TtTL F Delete TITI F ☐ Change ☐ Addition REINSTATEM NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report in 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 trustree expowered 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 one attractment with an address, with all other like empowered. SIGNATURE: ED NAME OF SUNING OFFICER OR DIRECTOR YPED OR PRIM

Date

Daytime Phone #