2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # NO8234 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name Pickett Downs Units II & III HOA, Inc. 04-26-2000 90039 043 ****61.25 Principal Place of Business Mailing Address P.O. Box 7 P.O. Box 7 32766 Chuluota, FL 32766 Chuluota, FL 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 59-2929550 Not Applicable Country 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 Morbitzer, Margaret L. Morbitzer Communities, Inc. Street Address (P.O. Box Number is Not Acceptable) 668 N. Orlando Ave., Ste. 105 32751 Maitland, FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PD *X Addition TITLE Delete NAME NAME Belson, Martin Abdurrashid, Bilal STREET ADDRESS STREET ADDRESS 2930 Pickett Downs Dr. 2412 Hibbard Trail CITY-ST-ZIP CITY-ST-ZIP Chuluota, FL 32766 <u>Chuluota, FI.</u> *Addition TITLE ☐ Change TDTITLE Delete Jans, Alma NAME NAME Clure, Michelle 1907 Warner Dr. STREET ADDRESS STREET ADDRESS 2753 Pickett Downs Drive CITY-ST-ZIP Chuluota, FL 32766 CITY-ST-ZIP Chuluota, FL ~ [Change *X*Addition TITLE THILE Delete. SD Ceppi, Ricardo NAME NAME Trumble, Scott 1913 Saboff Way STREET ADDRESS STREET ADDRESS 2731 Pickett Downs Drive 32766 CITY-ST-ZIP Chuluota, FL CITY-ST-ZIP Chuluota, FL 32766 SD **X**Change ☐ Addition TITLE ☐ Delete TITLE Harris, Teresa NAME NAME 2754 Pickett Downs Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chuluota, FL \overline{AC} **X**Addition XX Delete Change TITLE Meers, Steve NAME Urbanek, Stan STREET ADDRESS STREET ADDRESS 1721 Saboff Way 2908 Pickett Downs Drive CITY-ST-ZIP CITY-ST-ZIP 32766 32766 Chuluota, FL Chuluota, FL Delete TITLE AC TITLE ☐ Change ☐ Addition NAME Gray, Jim STREET ADDRESS STREET ADDRESS 1656 Saboff Way CHY-ST-7/P Chuluota, FL 32766 12. Thereby 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

Daytime Phone #

Date

NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: