2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N08234

1. Entity Name



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90952 050 ****61.25

TION, INC	DOWNS UNITS IF & III HOW	IEOMNERO, VOOOCI									
P.O. BOX 7 P.		Mailing Address P.O. BOX 7 CHULUOTA FL 32766	P.O. BOX 7								
2 Principal F	Place of Business	3. Mailing Address									
z. rincipair	race of Busiliess	o. Maining Address				i indiiiki nit dak			UEBII BIBIA UAI	isi ala it i aa t	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State			•	4. FEI Number 59-2929550			Applied For Not Applicable		7
Zip Country		Zip	Cou	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent			7	7. Name and Addre	ess of New Re	gistered A	gent		1
		and the second s	±7·	"Name	~ ≽**	amenta ya e are	i de la			*	
MORBITZER, MARGARET L MORBITZER COMMUNITIES INC				Street Address (P.O. Box Number is Not Acceptable)							
	RLANDO AVE.,:#105										
MAIILAN	D FL 32751			City				FL	Zip Cod	е	1
8. The above	named entity submifs this statement	for the purpose of changing i	ts registere	ed office or re	egistered	agent, or both, in th	e State of Flori	da. I am fa	<u>l</u> miliar with,	and accept	1
the obligat	tions of registered agent.										
SIGNATURE											
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered	d Agent signature	e required who	en reinstating)		DATE			
ة ا	2 44									_	1
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co						5.00 May Be dded to Fees			Payable ment of 9		
4.5	- 156 - 156 - 156 - 156					1000 10 1 000	Homas	Depart	nem or .		
10.	OFFICERS AND D		11,			DITIONS/CHANGE	S TO OFFICER	S AND DIR			إ
TITLE NAME	NESSIM, JUDY	Delete	TITLE		D and	ors, Doug	-		☐ Change	M Addition	2
STREET ADDRESS	1667 WARNER DRIVE			ET ADDRESS	784	Saboff W	Janx				,
CITY-ST-ZIP	OVIEDO FL 32766		CITY-	·ST-ZIP	Lhul	uota, FL	<u> </u>	746			١
TITLE	TD	☐ Delete	TITLE	7	Q_{ϵ}	. µ a 0-+			☐ Change	💆 Addition	2
NAME STREET ADDRESS	WARREN, ALISON 1913 SABOFF WAY		NAME	ET ADDRESS	STroi	nka, Pat Warner	DY				ľ
CITY: ST: ZIP_=-	OVIEDO FL 32766	grander w				luota, F	L. 3a	786			
TITLE	SD	☐ Delete	TITLE		170	1001-11			Change	Addition	1
NAME	VIERCK, CHRIS		NAME								
STREET ADDRESS	1561 VAN HERCKE LN	• • •		ET ADDRESS							
CITY-ST-ZIP	CHULUOTA FL 32766		-	ST-ZIP							┥
title Name	MEERS, STEVE	☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS	1721 SABOFF WAY			ET ADDRESS							
CITY-ST-ZIP	CHULUOTA FL 32766		CITY-	ST-ZIP							
TITLE	VPD	X Delete	TITLE						☐ Change	☐ Addition	1
NAME	NESSIM, DAN		NAME								}
STREET ADDRESS CITY-ST-ZIP	1667 WARNER DRIVE OVIEDO FL 32766			ET ADDRESS ST-ZIP							
TITLE	UNIEUU FL 32/00	□ Delete	TITLE						Charan	Maddina	1
NAME		L) Velete	NAME						Change	Addition	ĺ
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
12 I hereby o	certify that the information supplied wi	th this filing does not qualify f	or the ever	notion states	d in Section	on 110 07(2)(i) Elori	da Statutos I fi	urther certi	fu that the in	formation	ı

accurate and that my signature shall have the same legal effect as if the accurate orath; that I am an officer or director execute this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

SIGNATURE:

407. 277.6688