FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2001 8:00 am Secretary of State **DOCUMENT # N09722** 1. Entity Name THE PARK AT WINDWOOD CONDOMINIUM I ASSOCIATION. 02-14-2001 90016 048 \*\*\*\*61.25 Principal Place of Business Mailing Address 3100 MILLWOOD TERR 3130 MILLWOOD TERRACE 716254 **BOCA RATON FL 33431** BOCA RATON FL 33431-6525 2. Principal Place of Business 3. Mailing Address 3100 & 3130 Millwood Terr 3100 Millwood Terr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2543000 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RYALS, GLEN 3130 MILLWOOD TERRACE, #M-212 **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. SIGNATURE DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD ☐ Addition TITLE ☐ Delete TITLE RYALS, GLEN NAME NAME STREET ADDRESS 3130 NILLWOOD TERRACE #M212 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** Addition Delete TITLE SID Change TITLE MCDONALD, ELIZABETH NAME SOLOWAY, Joyce 3100 Millwood Terr. #M-106 NAME STREET ADDRESS 3130 MILLWOOD TERRACE, #M-214 STREET ADDRESS CITY-ST-ZIF BOCA-RATON FL 33431 ---CITY-ST-ZIP Boca Raton FL 33431 **Addition** TITLE ☐ Change TITLE Delete WADSWORTH, Jill THANH, RYALS NAME NAME 8317 Governors Run STREET ADDRESS 3130 MILLWOOD TERRACE, #M-111 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** 21043 Ellicott City, MD TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tild indicated on this report or supplemental report is true a not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the busy epochs required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE

of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #