FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # **N12936** 05-12-2002 90838 039 ****61.25 ASA SUL LAGO MAINTENANCE ASSOCIATION, INC. Principal Place of Business Mailing Address ME MANAGEMENT GROUP, INC PARK OF COMMERCE BLVD C/O PRIME MANAGEMENT GROUP, INC. 958862 6300 PARK OF COMMERCE BLVD EUCA RATON FL 33487 **BOCA RATON FL 33487** ox 970878 DO NOT WRITE IN THIS SPACE Bắch RATON DCA RATON 4. FEI Number Applied For 59-2737837 Not Applicable Bin Bach \$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 -Street Address (P.O. Box Number is Not Acceptable). NUDELBERG, BRENDA 19963 VILLA LANTE PLACE 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 (***** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE (9/04 ☐ Delete ☐ Addition ☐ Change NUDELBERG, BRENDA NAME NAME STREET ADDRESS STREET ADDRESS 19963 VILLA LANTE PLACE CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL 33431 TITLE **VPD** Delete TITLE Change ☐ Addition NAME WEISBARD, BRUCE NAME STREET ADDRESS 19954 VILLA LANTE PLACE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Change Addition NAME **BRENDA NUDELBERG** STREET ADDRESS STREET ADDRESS 19963 VILLA LANTE PLACE BOCA RATON FL CITY-ST-7IP CITY-ST-ZIP 79 TITLE STD Delete Change ☐ Addition NAME WEISBARD, BRUCE NAME STREET ADDRESS 19954 VILLA LANTE PLACE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE DŤ ☐ Delete TITLE ☐ Addition Change NAME GARICK, ROBERT NAME STREET ADDRESS STREET ADDRESS 19987 VILLA L'ANTE PL CITY-\$T-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(s)(i), Florida Statutes. I further certify that the information of 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 reportation or the receiver or trustige employered to execute this report as 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 empowered changed, or on an attachment with an address, with all ther-like empowered

SIGNATURE: