2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 25, 2002 8:00 am Secretary of State **DOCUMENT # N19300** 1. Entity Name PICKETT DOWNS UNIT IV HOMEOWNERS' ASSOCIATION, I 06-25-2002 90438 017 ****61.25 Principal Place of Business Mailing Address 2420 WASSUM TRAIL 2420 WASSUM TRAIL CHULUOTA FL 32766 CHULUOTA FL 32766 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3446350 Not Applicable Zip Country Zip Country \$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) LICHTENTHAL, JAMES D 2420 WASSUM TRAIL **CHULUOTA FL 32766** 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 (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Addition TITLE TITLE Change NAME LICHTENTHAL, JIM NAME STREET ADDRESS STREET ADDRESS 2420 WASSUM TRAIL CITY-ST-ZIP CITY-ST-ZIP CHULUOTA FL 32766 Delete ☐ Change ☐ Addition LOCHNER, JEFFREY NAME STREET ADDRESS STREET ADDRESS 2105 BREAKS LANE CITY-ST-ZIP CITY-ST-ZIP CHULVOTA FL 32766 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME WILSON, STACY STREET ADDRESS STREET ADDRESS 2701 WASSUM TRAIL CITY-ST-ZIP CITY-ST-ZIP CHULUOTA FL 32766 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

☐ Delete

Date

Daytime Phone #

Change

☐ Addition