2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 03, 2002 8:00 am³ Secretary of State **DOCUMENT # N22674** 1. Entity Name RIO RANCHES HOMEOWNERS ASSOCIATION, INC. 05-03-2002 90057 013 ****61.25 Principal Place of Business Mailing Address C/O THOMAS F. MARTIN C/O THOMAS F. MARTIN 5120 S.W. 114 WAY RHHHOOGE 5120 S.W. 114 WAY FT. LAUDERDALE FL 33330 FT. LAUDERDALE FL 33330 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 65-0213205 Not Applicable Zip Country 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) MARTIN, THOMAS F 5120 S.W. 114 WAY FT. LAUDERDALE FL 33330 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F □ Delete TITLE (10/6) ☐ Addition NAME SKLAR, HILLARY N NAME STREET ADDRESS 11321 S.W. 49 PLACE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33330 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SURECK, DOLORES NAME STREET ADDRESS 11211 SW 49 PLACE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTIN, THOMAS F NAME STREET ADDRESS 5120 S.W. 114 WAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33330 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: