2001 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2001 8:00 am § DOCUMENT # N31284 **Secretary of State** 1. Entity Name WEST PALM BEACH HOUSING DEVELOPMENT, INC. 03-22-2001 90042 045 ****61.25 Principal Place of Business Mailing Address 3484 SUMMER STREET #5 3484 SUMMER STREET #5 Monnagonp LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address P.O. Box 6718 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-1642176 FL Not Applicable るとのとって Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ノビAト 60601 Street Address (P.O. Box Number is Not Acceptable) FREEMAN, KENNETH 7802 NORTY FORK DR. WEST PALM BEACH FL 33409 City 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be **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. PTD TITLE TITLE ☐ Change ☐ Addition ☐ Delete WESLEY, BENNETT NAME NAME STREET ADDRESS STREET ADDRESS 3555 TROTTERS DR. CITY-ST-ZIP ALPHARETTA GA 30004 CITY-ST-ZIP D Addition ☐ Delete TITLE ☐ Change LESEMAN, BILL NAME NAME STREET ADDRESS 3350 CUMBERLAND CIRCLE STE 2050 STREET ADORESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition DEWALD, FRANCIS R NAME NAME STREET ADDRESS 671 N.E. 105TH ST STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Addition TITLE □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

IGNATURE: USUNTURE BERNETT ASS. 3/19/01 276-410-900

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

changed, or on an attachment with an address, with all other like empowered