2000 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # N36993** 01-24-2000 90080 046 ****61.25 PRESTON COURTS AT PGA NATIONAL HOMEOWNERS ASSOCI Principal Place of Business Mailing Address 400 TONEY PENNA DR. DICKINSON MANAGEMENT STE 29 400 TONEY PENNA DR. JUPITER FL 33458-5713 JUPITER FL 33458 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0412101 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DICKINSON MANAGEMENT INC. **400 TONEY PENNA DRIVE** JUPITER FL 33458 Zip Code Fl 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD ☐ Defete TITLE TITLE NAME MILLING, ALICE NAME STREET ADDRESS STREET ADDRESS 200 WOODSMUIR COURT CITY-ST-ZIP CITY-ST-ZIF PALM BEACH GARDENS FL 33418 DIRECTOR Addition TITLE SD Delete NAME CHASE, JACK STREET ADDRESS STREET ADDRESS 210 WOODSMUIR COURT CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL Addition Ж ☐ Delete TITLE TITLE FLASTER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 207 WOODMUIR COURT CITY-ST-ZIP CITY-ST-ZIF PALM BCH GDNS FL ☐ Change ☐ Addition Delete TITLE TITLE NAME HYATT, LOU NAME STREET ADDRESS 223 WOODSMUIR COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PALM BEACH GARDENS FL 33418 Dennis MALONEY, DIRECTE Change 224 Woodsmuire CRT. Palm Bch. Odns., 7133418 Addition ☐ Delete TITLE DDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 studies 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 wi

SIGNATURE

17/00 56/7475505

FILED