NOT-FOR-PROFIT CORPORATION

FILED May 28, 2002 8:00 am

OI1	IIFORM BOSINE	JJ NEF	Uni	làpul	., "	777	ay 20, 200	
DOCUMENT # N - 41184 1. Entity Name						Secretary of State 05-28-2002 91757 033 ****61.25		
		•			. /			
				,				
	A NAT WAITE	5 N. 1 PP 1 1 1 4	. OD			V		
D	O NOT WRITE	IN I MR	5 5P	ACE				
2. Principal Plac	ce of Business	3. Mailing Addre	ess					
Phoenix Management Services Phoenix Manage				ment Serv	ices			
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS S	PACE
City & State	, nodu	3082 Jog Road City & State				4. FEI Number	· .	Applied For
Lake Wor	th, FL	Lake Worth, FL				59-3042990 Not Applicable		
Zip	Country	Zip .		Country		5. Certificate of Sta	ius Desireo III i	8.75 Additional
33467	US	33467		US	·		·, – r	ee Required
				Name	,		s of Current Registered	Agent
,	David C. Rosenthal, LCAM							
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) Phoenix Management Services, Inc.				
IN THIS SPACE				, , , , , , , , , , , , , , , , , , ,				
· ·				City _				
9. The above na	med entity submits this statement for	the purpose of obs	naina ite re			Worth		33407
o. The above ha	sined entity submits this statement for	A	anging its re	egistered office of	registere	ed agent, or both, in the	ie state of Florida.	
()) _ ((((((((((((((((((A					41251	
SIGNATURE	nature, typed or printed name of registered agent a	nd title if emplicable	(NOTE: E	Registered Agent signatu	re required	urben reinctating)	DATE	
	radia, 17000 of printed radia of regionals agent a	1	(1.012.)	Togistored Agent Signatu			·	
· V	FEE IS \$61.25	9. Ele	ction Camp	aign Financing		\$5.00 May Be	Make Check	Payable to
Initial or Amended UBR Trust Fund Con								
40	OFFICERS AND DIR	FOTOBO		B				
10. TITLE D	OFFICERS AND DIR	ECTORS		TITLE		*	*	
NAME ZEITZ, JUDITH				NAME				
STREET ADDRESS 2706 FAIRWAY COVE COURT				STREET ADDRESS		,	:	
WELLINGTON, FLLL 334				CITY-ST-ZIP	•			
ULTE DI				TITLE	•			,
NAME SANDRA WILLEY STREET ADDRESS A COCO CONTROL OF THE ACT				NAME STREET ADDRESS				(
A 3302 GREENSHORE PLACE				CITY-ST-ZIP		·-		
ITLE -DT	LLINGTON, FL 33414		• •	TITLE			·	~
NAME GA	YES, JOHN			NAME		- x	•	1
	310_GREENSHORE PLAC	E		STREET ADDRESS			NOT-WRIT	
OTY-ST-ZIP WELLINGTON, FL33414				C(TY-ST-ZIP				
MANCTOLA TITO				TIFLE NAME		IN T	HIS SPAC	E
VAME MANGIOLA, TITO STREET ADDRESS 2715 LINKSIDE DRIVE				STREET ADDRESS		-		
	LLINGTON, FL 33414			CITY-ST-ZIP				
TILE D				TITLE				
IAME MA	NDEL, LEONARD		'	NAME				
2698 LINKSIDE DRIVE				STREET ADDRESS CITY-ST-ZIP				
TILE WE	LLINGTON, FL 33414			TITLE				
IAME				NAME				
TREET ADDRESS				STREET ADDRESS		•		
PITY-ST-7IP				CITY ST 7ID				

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 equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _

4.25.02 561-964-1550