2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

| 1. Entity Nam | MENT # N43594 POD VI ASSOCIATION INC. | | | | Ma | r 05, 2004 Secretary o | 08:00 A f State | AM |
|---|---|---|-----------------|-------------------------------------|---|---------------------------|----------------------------|------------|
| Principal Plac | e of Business | Mailing Address | | | 1 | | | |
| 4140 NORTH WEST 66TH COCONUT CREEK FL 33073 US | | PO BOX 970344 COCONUT CREEK FL 33097 US | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | OORE CR2E0 | 37 (11/03) | |
| City & State | | City & State | | | 4. FEI Number Applied For Not Applicable | | | |
| Zip | Country | Zip | Cot | intry | 5. Certificate of St | | \$8.75 Add Fee Required | |
| · | 6. Name and Address of Current | Registered Agent | · · · · · · · · | Name | 7. Name and Add | ress of New Registered | Agent | |
| VAULED DIANE I | | | | | | | | |
| KAHLER, DIANE J 4150 NW 66TH PL COCONUT CREEK FL 33073 | | | | Street Address | s (P.O. Box Number is I | Not Acceptable) | <u></u> | <u> </u> |
| : : | | | | City | , and the second second | F | 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or formed agent and title 3 applicable (NOTE. Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campalgr Trust Fund Contrib | | | | • — | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | | ADDITIONS/CHANG | ES TO OFFICERS AND E | DIRECTORS IN | 10 |
| nne | DP | Delete | 8116 | | | | ☐ Change | Addition |
| name Street Address Gify-St-Zip | 3645 NW 42ND TERRACE SI COCONUT CREEK FL 33073 | | E | e et address -st- <i>l</i> ip | 000000076639 03/05/04-80010-009 61.25 | | | |
| TRLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MCQUESTION, JACK 6620 NW 41ST TERRACE COCONUT CREEK FL 33073 | ☐ Delete | | 1 | | | ☐ Change | ☐ Addition |
| HTLE MAME STREET ADDRESS CITY-ST-ZIP | DS RITCHIE, MARIE 4183 NW 66TH DRIVE COCONUT CREEK FL 33073 | ☐ Delete | - 5 | | | | Change | Addition |
| TITLE NAME STREET AODRESS CITY+SI-ZIP | TAYLOR, DANA 6610 NW 41ST TERRACE COCONUT CREEK FL 33073 | ☐ Delete | | 1 | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | KAHLER, DIANE J 4150 NW 66TH PL COCONUT CREEK FL 33073 | ☐ Delete | | 1 | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 3 | _ | | ☐ Change | ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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FILED