2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empo changed, or on an attachment with an address.

SIGNATURE:

Feb 18, 2002 8:00 am Secretary of State **DOCUMENT # N47098** LOCH LOMOND HOMEOWNER'S ASSOCIATION, INC. 02-18-2002 90004 050 ****61.25 Principal Place of Business Mailing Address 7120 GLENEAGLE DR 7120 GLENEAGLE DR MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0309211 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CRAWFORD; GUNILLA 7120 GLENEAGLE DR MIAMI LAKES FL 33014 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CRAWFORD, GUNILLA NAME STREET ADDRESS STREET ADDRESS 7120 GLENEAGLE DR CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 DΛ ☐ Addition TITLE ☐ Delete TITLE Change GORDON, KATHLEEN NAME NAME STREET ADDRESS 15909 W TROAN CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Delete TITLE Change ☐ Addition NAME varga, laureen NAME STREET ADDRESS 16015 W PRESTWICK PL STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change Addition POTTS, N. JOSEPH NAME NAME STREET ADDRESS 15860 W PRESTWICK PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED