2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # N9300000478 1. Entity Name PRESERVE ESTATES AT CHAPEL TRAIL HOMEOWNERS ASSO -27-2001 90250 019 ****61.25 Principal Place of Business Mailing Address 21000 N.E. 28TH AVE. P.O. BOX 821825 SUITE 207 SOUTH FLORIDA FL 33082-1825 645731 NORTH MIAMI BEACH FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0388400 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent re(Ja KAHANE, STEPHEN 19905 NW 10TH STREET PEMBROKE PINES FL 33029 8. The above named entity submits this statement for the purpose of changing its registered office or FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President/D Sandy Mulrey 950 NW 199 Terr. Pembroke Anes 33029 TITLE 🕅 Delete TITLE ☐ Change Addition CR2E037 (10/00 YANNOTTI, BRUCE NAME NAME STREET ADDRESS 960 NW 197TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL VPD TITLE A Delete TITLE Treasurer I D ☐ Change Addition NAME Fernando, Pinzon Brenta Feria 19770 NW 9 DR STREET ADDRESS STREET ADDRESS 40 NW 147 Jerr embroke Pines CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 VICE PRESIDEN FRITZ ÉRIE TITLE X Delete TITLE ☐ Change Addition NAME CAMPINS, ESMERELDA STREET ADDRESS 19850 NW 10TH ST. STREET ADDRESS 14910 CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP 33029 SD TITLE Delete TITLE ☐ Change Addition RICHEY, MARTY NAME NAME 19775 NW 9TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-76

12. Thereby 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 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

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01

☐ Change

☐ Addition