2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9300000794 May 19, 2000 8:00 am 1. Entity Name Secretary of State MALIBU HOMEOWNERS ASSOCIATION INC. 04-19-2000 90009 028 ****61.25 Principal Place of Business Mailing Address C/O JESSIE L. WINDOM JR. C/O JESSIE L. WINDOM JR. 4408 MALIBU STREET 4408 MALIBU STREET ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE uite, Apt. #, etc. Cityr& State 47 FEI Number Applied For 59-3208733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Gurrent Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WINDOM, JESSIE L JR 4408 MALIBU STREET ORLANDO FL 32811 - 344 Zip Code 数目を終いますとはは 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 FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6) Addition 🔲 Delete TITLE TITLE PD 164 A. WINBUSH NAME WINDOM, JESSIE JR. CR2E037 SYREET ADDRESS 640liver ST STREET ADDRESS 4408 MALIBU STREET CITY-ST-ZIP CITY-ST-ZIP Lando FloriDA ORLANDO FL 32811 Change ☐ Addition Defete TITLE 7ITLE D NAME UNICK, KEN STREET ADDRESS STREET ADDRESS 4449 MALIBU STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Change ☐ Addition Delete DILE TITLE NAME PAUL GEORGE STREET ADDRESS STREET ADDRESS 327 FANFAIR STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FE-92811 Addition Chance TITLE TITLE Delete NAME NAME FIGGINS, BETTYE J STREET ADDRESS STREET ADDRESS 201 FANFAIR STREET CITY-SY-7IP CITY-ST-ZIP(3) ORLANDO FL 32811 ☐ Change Addition TITLE TD *** *** ☐ Delete TITLE NAME NAME WINDOM, JOHN STREET ADDRESS STREET ADDRESS **471 GILMAN CIRCLE** CITY-ST-ZIP CITY ST 719 ORLANDO FL 32811 TOLE Change Addition ☐ Delete TITLE NAME MilDred Washington 4630 DLIVER ST ORLando Florida STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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.

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SIGNATURE MOTIVED ON PRINTED NAME OF SIGNATURE MOTIVED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE: