2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400000094

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FILED Mar 10, 2003 8:00 am § Secretary of State

L	ame OR BAY HO	MEOWNERS' ASSO	CIATION, INC.				3-10-2003 90749			
AKAM SOUTH, INC. AKA 551 NW 77TH STREET, STE 212 551 BOCA RATON FL 33487 BOC			Mailing Address AKAM SOUTH, INC. 551 NW 77TH STREET, ST BOCA RATON FL 33487	E 212						
US 2. Principa	Il Place of Busin	ness	US 3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.							
City & State			City & State		4. FEI Number 65-0470762 Applied For				٦	
Zip Country		Zip Country			5. Certificate of Sta	 	├ ──	ot Applicable	<u>;</u>	
·	6. Name	and Address of Current R	Printered Agent				_	Fee Requir	ed	╛
		and Address of Oblifelit H	agistered Agent	Name		7. Name and Addr	ess of New Registere	d Agent		7
AKAM S 551 NW	SOUTH INC. 777TH STRE	ET, STE 212		Street	Address (P	O. Box Number is N	ot Acceptable)	 -		$\frac{1}{2}$
BOCA F	RATON FL 33	487								\dashv
.		•		City			F	Zip Cod		$\frac{1}{1}$
8. The abov	re named entity	submits this statement for tered agent.	he purpose of changing its	registered office of	or registere	d agent, or both, in th	ne State of Florida. I a	m familiar with	, and accept	$\frac{1}{2}$
* :	ZHb.	A.								1
SIGNATURE		(accel			· · · · · · · · · · · · · · · · · · ·					
	Signature, open	or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signs	ature required w	men reinstating)	DATE			
	FILE NOW:	FEE IS \$61.25		paign Financing	9	\$5.00 May Be	Make Che	ck Payable	to	1
10.			irust Fund Ci	ontribution.		Added to Fees	Florida Depa			1
		OFFICERS AND DIREC			<u>.</u>	Added to Fees	Florida Depa	artment of	State	
TITLE	V			11. TITLE	<u>.</u>	Added to Fees		DIRECTORS IN	State	í
NAME	RUBINSTE	n, stuart	CTORS	11. TITLE NAME	<u>.</u>	Added to Fees	Florida Depa	artment of	State	(00/04
	RUBINSTEI 3475 WIND	N, STUART SOR PLACE	CTORS	11. TITLE NAME STREET ADDRESS	<u>.</u>	Added to Fees	Florida Depa	DIRECTORS IN	State	02 (40)00)
NAME STREET ADDRESS	RUBINSTEI 3475 WIND	n, stuart	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	Added to Fees	Florida Depa	DIRECTORS IN Change	State 1 10 Addition	75037 (10/09)
NAME STREET ADDRESS CITY-ST-ZIP	RUBINSTEI 3475 WIND BOCA RAT	N, STUART ISOR PLACE ON FL 33496	CTORS	11. TITLE NAME STREET ADDRESS	<u>.</u>	Added to Fees	Florida Depa	DIRECTORS IN	State	CD25027 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RUBINSTEI 3475 WIND BOCA RAT TS KAY, WILLI 3420 WIND	N, STUART ISOR PLACE ON FL 33496 AM DR SOR PLACE	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<u>.</u>	Added to Fees	Florida Depa	DIRECTORS IN Change	State 1 10 Addition	CB2E027 (10/02)
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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 the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE: