FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 10, 2001 8:00 am Secretary of State DOCUMENT # N9400001179 05-10-2001 90050 037 ****61.25 ROYAL TOWN HOMES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2400 NW 97 AVE. 9133 TAFT ST. UUUUVVVVPEMBROKE PINES FL 33024 STE 111 PEMBROKE PINES FL 33024 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 65-0563848 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 Name Street Address (P.O. Box Number is Not Acceptable) MERINO, MICHAEL H 2879 S UNIVERSITY DR **DAVIE FL 33328** City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT - DIRECTOR CR2E037 (10/00) Delete TITLE ☐ Change Addition TITLE GONZALO ACRUZAT 9700 N.W. LŠEO COURT POMBROKE PINES. FL 33024 HERTSCH, CHRISTY NAME NAME STREET ADDRESS STREET ADDRESS 97228 NW 23RD CT CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL SD ☐ Delete TITLE Change ■ Addition TITLE MERINO, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 2388 NW 97TH WAY CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 TREASURER TD A Delete ☐ Change **Addition** VIRGINIA HAMPE REID, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 9719 NW 23RD CT MBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-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 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.

PATRICIA MERINO