∠JU1 UNIFURM BUSINESS REPOR: (UBR) FILED DOCUMENT # N9400000 5 232 Mar 02, 2001 8:00 am **Secretary of State** CASA RID HOMEOWNERS' SUB-ASSOCIATION, FAC. 03-02-2001 90111 037 ****61.25 Mailing Address
Clo The General Ledger Principal Place of Business 1973 PGA BIVE, SU. to B Palm Beach Gardons, FL 33408 1973 PGA Blud, Ste B 621684 Palm Beach Gardens, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0531700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCSWAIN Blair Littlejohn 5080 Ponderosa Lane West Palm Beach, FL 33415 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DPS **DPS** Delete TITLE FAVA, ANGELO 3073 CASA RIOCT. PALM BEACH GARDENS, FL 33418 NAME Popham, GEORGINA J. 3021 CASA RIO CT. STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE TITLE DVP FAVA ANGELO 3073 CASA RID CT. NAME NAME GREEN, VICKI STREET ADDRESS STREET ADDRESS 3077 CASA RID CT. PALM BEACH GARDENS FL 33418 CITY - ST - ZIP PALM BEACH GARDETS, FL 33418 CITY-ST-ZIP TITLE ☐ Addition NAME NAME McSWAIN, BROCK STREET ADDRESS STREET ADDRESS 3084 CASA RIO CT. PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. Disector + Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BROCK MCSWAID