

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500001713

1. Corporation Name

UNITED DEVELOPMENT COMMUNITIES, INC.

| Principal Place of Business | | | | | | | | | |
|-----------------------------|----|-----|-------|------|-----|-------|-----|--|--|
| 37 | 06 | NO. | OCE | AN B | LVD | . STE | 370 | | |
| FC | RT | LAI | JDERI | DALE | FL | 33308 | í | | |

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

3706 NO. OCEAN BLVD. STE 370 FORT LAUDERDALE FL 33308

FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90128 029 ****61.25



3. Date Incorporated or Qualifed

04/12/1995

4. FEI Number

| 22 | • | 27 | | | | | 65-0591072 | | | Not | Applicable |
|--|--|----------------------------------|---|-----------------------|------------|-----------------------------------|--|-----------------------------|---------------------|---------------------------------|----------------------|
| City & State | | | City & State | | | | 5. Certificate of Status Desired | | | \$8.75 Additional | |
| 23 | | | 1 | | | 5. Certificate of Status I | 765860 | | Fee Req | uired | |
| Zip | Country | | Zip | Country | | | 6. Election Campaign F | inancing | | * \$5.00 N | • |
| 24 | 25 | 29 | 30 | 0 | | | Trust Fund Contribut | ion | | Added to | Fees |
| 9. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address | of New Re | gistered / | Agent | |
| | • | 81 | Nam | ð | | | | | | | |
| MIMNA, C | 82 | Stree | t Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 3706 NO. | <u> </u> | | | | | | | | | | |
| FORT LAU | 83 | | | | | * | | | | | |
| | 84 | City | | | | | . 85 Zip C | ode | | | |
| | | | | | | | | | FL | | |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 6 | 17.1508, Florida Statutes, | , the above | e-name | d corpor | ration submits this statemen's board of directors. I her | ent for the pureby accept t | rpose of the appoin | changing its r itment as reg | egistered istered |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am families with and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | | |
| SIGNATURE CUNTY John Mynns / Mynns | | | | | | | | | | | |
| • • | Signature, typed or printed name of registered agent | _ | <u> </u> | <u> </u> | t signatur | beriuper e | when reinstating) ADDITIONS/CHANGE | S TO OFFI | CEDS AN | n DIRECTOR | S IN 12 |
| 12. | OFFICERS AND | DIRE | CTORS DELETE | 13. | | | ADDITIONS/CITATION | 20 10 0111 | CERO AIT | Change | Addition |
| TITLE | CPD 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | * *. | . □ DELETE | 1.1 TITLE 1.2 NAME | | | | | | _ \$.m.igo | |
| NAME | NEEDLEMAN, LENNY | | | | | _ | | | | | |
| STREET ADDRESS | _ | 3706 NORTH OCEAN BLVD, SUITE 370 | | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | | □ DELETE | 1.4 CITY-S | r-ZIP | | | | | Change | ☐ Addition |
| TITLE | ED | | □ DELETE | 2.1 TITLE 2.2 NAME | | ١., | 0 00- | - 111 - | | | _ |
| NAME | BARBER, PRICILLA | | | | | BARKER, PRISCILLA CORNAL Spelling | | | | | |
| STREET ADDRESS | | | | | | 2.3 STREET ADDRESS CORNEL S DOL | | | | pellian | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | | C DELETE | 2. 4 CITY-5 | T-ZIP | | | | <u> </u> | Change | Addition |
| TITLE | VCD | | ☐ DELETE | 3.1 TITLE | | | | | | onlingo | |
| NAME | BARNES, LIZ | - | | 3.2 NAME | | | and the second | | | | |
| STREET ADDRESS | 0,00,,00 | 0 | | 3.3 STREE | | s | | • | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | | DELETE | 3.4. CITY-5 | T-ZIP | | - ^ | | | Change | Addition |
| TITLE | SD | | TEI DELEIE | 4,1 TITLE | | | D TAR T | | • | | 7 |
| NAME | FARNHAM-BARTELS, DEBRA | | | 4. 2 NAME | | Ko | bert Jacomi | | 20 | n | |
| STREET ADDRESS | 0,00 (,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1, | IIE 3 | 70 | 4.3 STREE | | ة 3 7€ | o 6 North ocan | DANK 20 | 3339 | a | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | | ☐ DELETE | 4.4 CITY-S | T-ZIP | 12 | on Litudy and | 114 | -330 | Change | Addition |
| TITLE | | | ☐ DEFEIE | 5.1 TITLE 5.2 NAME | | | | | | | |
| NAME | | | | 5.3 STREE | | | | • | | • | |
| STREET ADDRESS | | | | 5.4 CITY-S | | ~ | | | | | |
| CITY-ST-ZIP | | | ☐ DELETE | 6.1 TITLE | 1.71 | | · · · · · · · · · · · · · · · · · · · | | ٠. | Change | Addition |
| TITLE | | | | 6.1 MAME | | | | | • | onengo | |
| NAME | | | | | LADODE | | | | - | | |
| STREET ADDRESS | | | | 8.3 STREE | | ٦' | | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-S | i-ZIP | | | | | | |

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For