2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N95000001765 Mar 28, 2000 8:00 am **Secretary of State** OAK HAMLET AT WELLINGTON'S EDGE PROPERTY OWNERS' 03-28-2000 90090 023 ****70.00 Mailing Address Principal Place of Business C/O GLEN MANAGEMENT SERVICES C/O GLEN MANAGEMENT SERVICES 4301 OAK CIR 23 4301 OAK CIR 23 **BOCA RATON FL 33431-4258 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Yo 6/m Menogement Services Suite, Apt. #, etc. O Glen Maragement Services DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 101 W. Carisa Gon Bor City & State City & State 4. FEI Number Applied For 65-0564124 Not Applicable BOCA <u> 6∞cæ</u> RATON Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired ACVEE 15A Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) **GLEN MANAGEMENT SERVICES** CAMENO GARDENS 4301 OAK CIR **STE 23 BOCA RATON FL 33431** <u>3°3432</u> BOCA 2 ATOV nt for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits this st SIGNATURE d agent and title if applicable Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE TRAUTMAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4301 OAK CIR 23 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change ☐ Addition TITLE DT ☐ Delete TITLE KAPUSTEIN, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 4301 OAK CIR 23 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** Change ☐ Addition DS ☐ Delete TITLE PLATT, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 4301 OAK CIR 23 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete 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-ST-ZIP CITY-ST-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 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

SIGNATURE:

Thokest J. Traviman Feb 18, 2000