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FILED
Jun 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002369 (5)

1. Corporation Name

FIESTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1350 E. NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH FL 33442	1350 E. NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 05/16/1995

4. FEI Number: 65-0586974 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 951 Broken Sound
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Pkwy Ste 250
23 City & State	28 City & State Boca Raton, Fl
24 Zip 25 Country	29 Zip 33444 30 Country Palm Bch

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PULTE HOME CORPORATION
1350 E. NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: Community Association Services
82 Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Pkwy
83 Ste 250
84 City: Boca Raton FL 85 Zip Code: 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	REEGER, STEVEN C		1.2 NAME	HOFFMAN, MICHAEL	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, #200		1.3 STREET ADDRESS	3156 FESTIVAL DR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	☑ DELETE	2.1 TITLE	T	☐ Change ☑ Addition
NAME	GALLIVAN, SCOTT C		2.2 NAME	ABSIN, JOSE	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, #200		2.3 STREET ADDRESS	3357 CONFETTI LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	STD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	HOLM, DRUSILLA		3.2 NAME	SHUSTER, LISA	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, #200		3.3 STREET ADDRESS	3105 FESTIVAL DR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	DeANGELIS, ROBERT	
STREET ADDRESS			4.3 STREET ADDRESS	5501 PARADE PL	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6/6/17

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14. 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.

SIGNATURE [signature] Michael Hoffman