2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9500003860 May 11, 2000 8:00 am Secretary of State 1. Entity Name BEVLOR CONDOMINIUM ASSOCIATION, INC. 03-29-2000 90071 015 ****61.25 Principal Place of Business Mailing Address 1027 92ND ST 1027 92ND ST BAY HARBOR ISLANDS FL 33154-2719 BAY HARBOR ISLANDS FL 33154 US 2. Principal Place of Business Mailing Address AY HARbOR Ilands Fla 1027 DO NOT WRITE IN THIS SPACE Applied For 2City & State 4. FEI Number 65-0618683 Not Applicable Country V S A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Beverlie Street Address (P.O. Box Number is Not Acceptable) HILL BEVERLIE gand St 1027 92 STREET BAY HARBOUR ISLANDS FL 33154 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition PD □ Change TITLE Delete TITLE NAME NAME HILL BEVERUE STREET ADDRESS STREET ADDRESS 1027 92 STREET CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 ☐ Addition Change vpsd ☐ Gelete TITLE TITLE NAME NAME OPPERMAN, LORRAINE STREET ADDRESS STREET ADDRESS 1025 92 STREET CITY-ST-ZIP CITY-ST-ZIE BAY HARBOR ISLAND FL 33154 TITLE Change Addition TITLE TD ☐ Delete NAME HILL BEVERLIE NAME STREET ADDRESS STREET ADDRESS 1027 92 STREET CITY-ST-2IP CHY-ST-7IP BAY HARBOR ISLAND FL 33154 Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-79 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete пле Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR