PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.											
FLORIDA DEPARTMENT OF STATE FOR FOR Secretary of State PHYSION OF CORPORATIONS							FILED				
DIVISION OF CORPORATIONS						'OI OCT 15 AM II: 55				Ì	
DOCUMENT # N9600004028 1. Corporation Name						SECRETARY OF STATE \ TALLAHASSEE FLORIDA					
THE PROGRESSIVE LAUDERHILL HOMEOWNERS' ASSOC. IN C.							\ TALLAHA	SSEEF	LOKIDA		
Principal Place of Business Mailing Address											
4460 N.W. 25TH PLACE LAUDERHILL FL 33313 LAUDERHILL FL 33313						THE REPORT OF THE PART OF THE					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #,				, etc.		To Do Busir 5. FEI Number	•	07/31	/1996		
City & State City & State						65-0706969 Not Applicable				ole	
Zip Country Zip			Zip	Countr	у	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	e(s) 2 Name of Officers Street Address of Ear Officer and/or Directors 3 Officer and/or Directors						City / State / Zip				
DP BROWN, ALAN 4460 N.W. 25TH					PLACE	LAUDERHILL FL 33313					
D	D BOWIE, MIRNA 49811				81 N.W. 12TH COURT			LAUDERHILL FL 33313			
D JIMENEZ, JOAQUIN , 1				1310 N.W. 47TH AVENUE			LAUDERHILL FL 33313				
				3			000046694730 -11/06/0101077003%- ******62,00 ******61,25				
							*****62.00 *****61.25				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
BROWN, ALAN						O Bay Number	la Nat A acontable)			0 (8/01)	
4460 N.W. 25TH PLACE LAUDERHILL FL 33313 Suite, Apt. #, Etc.						O. Box Number is Not Acceptable)				CH2E04	
a temper is tible 1 is 000 to					City State Zip Code					_	
10. I. being	appointed the	registered agent of the abov	e named como	ration am femilier wi		ligations of Socia	on 607 0505 E.S.	FL	· ·	_]	
Signature of Registered	i A	Lan Brow	Nn	ENT MUST SIGN	27 S 15 S		Date	7-0,	, <u>/</u>	_	
this reins owed by	statement appl the corporation	ficer or director or the receive ication, the reason for dissole on have been paid and the na ue and accurate, and my sign	ution has been ames of individa	eliminated, the corpo uals listed on this forr	rate name satisfies t n do not qualify for a	he requirements on exemption und	of section 607.0401 or	617.0401,	F.S., that all fees	d	

SIGNATURE: ADDITION AND OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/0-7-0/ 954-Date Daytime

954 - 739 - 75 39 Daytime Phone # Zalz