FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State DOCUMENT # N9600004028 09-16-2002 90089 027 ****62.00 THE PROGRESSIVE LAUDERHILL HOMEOWNERS' ASSOC. IN Principal Place of Business Mailing Address B0138024 4460 N.W. 25TH PLACE 4460 N.W. 25TH PLACE LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address 4460 NW 25+14 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0706969 Not Applicable Zip Zip Country \$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 Name Street Address (P.O. Box Number is Not Acceptable) BROWN, ALAN 4460 N.W. 25TH PLACE LAUDERHILL FL 33313 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed name of rea After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees - Department of State min. will be \$236.25. زنى ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (4/02)Addition ☐ Change TITLE DP ☐ Delete TITLE NAME NAME 4 BROWN, ALAN CR2E037 STREET ADDRESS STREET ADDRESS 4460 N.W. 25TH PLACE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Change ☐ Addition ☐ Delete TITLE NAME **BOWIE, MIRNA** NAME STREET ADDRESS STREET ADDRESS 4981 N.W. 12TH COURT CITY-ST-ZiP CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Addition Change ☐ Delete TITLE JIMENEZ, JOAQUIN NAME STREET ADDRESS STREET ADDRESS 1310 N.W. 47TH AVENUE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this filling 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 trusted 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 with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

HIT OTUPE REQUIRED

9-11-02