| 2001 UNIFORM BUSINESS REPORT (UBR)  |   |                          |            |                                      |                               |                                       |   | FILED  |                          |                           |                   |            |
|---|---|--------------------------|------------|--------------------------------------|-------------------------------|---------------------------------------|---|--|--------------------------|---------------------------|-------------------|------------|
| DOCUMENT # N9700001857  1. Entity Name VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.  |   |                          |            |                                      |                               |                                       |   | May 01, 2001 08:00 AM<br>Secretary of State                            |                          |                           |                   |            |
| Principal Place of Business<br>183 TRAMORE PLACE  |   |                          |            | Mailing Address P O BOX 510845       |                               | -<br>-                                | -   |  |                          |                           |                   |            |
| MELBORNE B<br>32951   | EACH                                    | FL<br>US                 |            | MELBOURNE<br>32951                   | U                             | FL<br>S                               |   |  |                          |                           |                   |            |
| 156 TRAMORE   |   | ess                      |            | 3. Mailing Address 156 TRAMORE PLACE |                               |                                       |   |  |                          |                           | •                 |            |
| Suite, Apt. #, etc.   |   |                          |            | Suite, Apt. #, etc.                  |                               |                                       |   | DO NOT WRITE IN THIS SPACE   |                          |                           |                   |            |
| City & State  MELBORNE BEACH FL   |   |                          |            | City & State<br>MELBOURNE BEACH      | FL                            |                                       | 4. FEI Number 59-3445436  |  |                          | plied For<br>t Applicable |                   |            |
| Zip   |   | Country                  | <b>.</b>   | Zip                                  |                               | Country                               |   | 5. Certificate   | of Status Desired        | X                         | \$8.75 Add        | litional   |
| 32951   | 6. Name                                 | and Address of           | Current Re | 32951<br>gistered Agent              | U                             | <u>s</u>                              |   | 7. Name and  | Address of New Re        | aistered A                | Fee Required      | -          |
| MOSLEY CURTIS R<br>1221 E NEW HAVEN AVENUE  |   |                          |            |                                      |                               |                                       | 9   |  |                          |                           |                   |            |
| MELBOURI  | NE                                      |                          | FL         |                                      |                               |                                       |   |  | <del></del> -            | <u> </u>                  |                   |            |
| 32901 US  |   |                          |            |                                      |                               | City                                  | <b>F</b> I 1  |  |                          |                           | Zip Code          | <br>e      |
| 8. The above named entity submits this statement for the purpose of changing its regist |   |                          |            |                                      |                               |                                       | MELBOURNE BEACH  d office or registered agent, or both, in the state of F |  |                          |                           | 32951             |            |
|   |   |                          |            | ,                                    | .gg                           |                                       | , vogisions   | a agont, or pot  | n, in the state of their |                           |                   |            |
| DIONIATI IDE  | KATH                                    | IY GILLII                | AND        |                                      |                               |                                       |   |  |                          | 05/01                     | /2001             |            |
| SIGNATURE _   |   | or printed name of regis |            | title if applicable.                 | (NOTE: Reg                    | gistered Agent signat                 | ure required  | when reinstating)  |                          | DATE                      | 72001             |            |
| FILE NOW: 9. Election Campaign Fine Trust Fund Contribution                             |   |                          |            |                                      |                               |                                       | <b>\$5.0</b> 1<br>Added   | \$5.00 May Be Added to Fees  Make Check Payable to Department of State |                          |                           |                   |            |
| 10.   |   |                          | AND DIREC  | CTORS                                | -                             | 11.                                   | A   | DDITIONS/CH  | ANGES TO OFFICER         | S AND DI                  | RECTORS IN        | 10         |
| TITLE   |   |                          |            | ☐ Dela                               | ete                           | TITLE                                 | С   |  |                          |                           | ☐ Change          | X Addition |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                          |            | STR                                  |                               | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | INETT GORDON<br>TRAMORE PLACE<br>LBOURE BEACH                          |                          | FL                        | 32951             |            |
| TITLE<br>NAME   | <del></del>                             |                          |            |                                      |                               | TITLE<br>NAME                         | TD<br>GILLII  | D X Change ILLILAND KATHY  |                          |                           | ☐ Addition        |            |
| STREET ADDRESS<br>CITY-ST-ZIP   | 180 TRAMORE OL MELBOURNE BEACH FL 32951 |                          |            |                                      | STREET ADDRESS<br>CITY-ST-ZIP |                                       | 156 TRAMORE PLACE MELBOURNE BEACH FL 32951                                |  |                          |                           |                   |            |
| TITLE   | VD                                      | THE BEACH                |            | Dele                                 |                               | TITLE                                 | VD  | JOICIE BEACL   | •                        |                           | X Change          | ☐ Addition |
| NAME  | CRAGG                                   | DAVID                    |            |                                      |                               | NAME                                  | MCKIN   | LEY JOI  | ΗN                       |                           | <u>va</u> viidigo |            |
| STREET ADDRESS  |   | IORE PLACE               |            |                                      |                               | STREET ADDRESS                        | Į.  | AMORE PLAC   |                          |                           |                   |            |
| CITY-ST-ZIP   |   | RNE BEACH                |            | FL 32951                             |                               | CITY-ST-ZIP                           |   | DURNE BEACE  | <u>l</u>                 | FL                        | 32951             |            |
| TITLE<br>NAME   | PSD<br>CRAGG                            | ANITA                    |            | ☐ Dele                               | ete                           | TITLE<br>NAME                         | PD<br>  WELCI   | н ЈАМІ   | ES                       |                           | X Change          | Addition   |
| STREET ADDRESS  |   | ORE PLACE                |            |                                      |                               | STREET ADDRESS                        | 1   | AMORE PLAC   |                          |                           |                   |            |
| CITY-ST-ZIP   | MELBOU                                  | RNE BEACH                |            | FL 32951                             | l .                           | CITY-ST-ZIP                           | MELBO   | OURNE BEACH  | Ţ.                       | FL                        | 32951             |            |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |   |                          |            | □ Deis                               | ete - T                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <u>.</u> .   |                          |                           | Change            | ☐ Addition |
| TITLE   |   |                          |            | ☐ Dela                               | ete.                          | TITLE                                 |   |  |                          |                           | ☐ Change          | ☐ Addition |
| NAME<br>STREET ADDRESS  |   |                          |            |                                      |                               | NAME<br>STREET ADDRESS                | 4450  |  |                          |                           |                   |            |

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 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 with an address, with all other like empowered.

SIGNATURE:

Kathy Gilliland

TD

05/01/2001

CR2E037 (11/00)