NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91847 019 ****61.25

| 1. Entity Name | # N9700000385 | 9 | | | | | | | |
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| FAVALE ESTATES HOMEOWNERS ASSOCIATION, INC. | | | | | 90129431 | | | | |
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| DO | NOT WRITE | IN THIS SPA | CE | | | | | | |
| 0 0 0 | | 10 ha 11 A 1 1 | | · | | | | | |
| Principal Place of Business Transport Principal Place of Business Transport Principal Place of Business | | 3. Mailing Address 5174 CLOVER CREEK DRIVE | | RIVE | | | | | |
| Suite, Apt #, etc | | Suite, Apt. #, etc, | | | | DO NOT WRITE | IN THIS SP | ACE | |
| City & State | | City & State | | | 4. FEI Number Applied For | | | | |
| BOYNTON BEACH, FL | | BOYNTON BEACH, FL | | | 65-0790422 | | | Not Applicable \$8.75 Additional | |
| Zip 33437-1652 | Country | Zip 33437-1652 | Co | ountry | 5. Certificat | tė of Status Desired 📙 | | Required | |
| | | | | | Name and | Address of Curren | t Register | red Agent - | |
| 2 | | | | Name RODRIGO POS | SADA | | | | |
| \$ \$\frac{1}{2} \text{\$\frac{1}{2} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \$\frac{ | TE Street Addres | | Street Address | ss (P.O. Box Number is Not Acceptable) | | | | | |
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| is. | | | | | | | | | |
| | | • | ** | City PLANTATION | | • | | ip Code 3317 | |
| 8. The above named | entity submits this st | atement for the purpo | se of | changing its reg | istered offi | ce or registered agei | | | |
| in the state of Flor | rida. I am familiar with | , and accept the oblig | gations | s of registered a | gent. | 1 | | | |
| SIGNATURE | | | | | | | ATE | | |
| Signatu | re typed or printed name of regis | tered agent and title if applicable | e. (NOTE | :: Registered Agent sign | eture required v | when reinstating) | | | |
| FEE IS \$61.25 9. Election Campai | | | | | | 11 | | | |
| 1 FEF 13 | \$61.25 | 9 Election Campai | ian Fin | ancing \$5.00 | May Be | Make Che | ck Pavab | le to | |
| | \$61.25 nended UBR | 9. Election Campai Trust Fund Cont | _ | | May Be I to Fees | Make Che Florida Dep | | | |
| Initial or Am | nended UBR | Trust Fund Cont | tributio | n. Added | • | | | | |
| Initial or Am | | Trust Fund Cont | tributio | n. Added | • | | | | |
| Initial or Am 10. TITLE NAME | OFFICERS AND DIR | Trust Fund Cont | tributio | n. Added | • | | | | |
| Initial or Am 10. TITLE NAME STREET ADDRESS | OFFICERS AND DIR D FAVALE, RAFFAEL 5174 CLOVER CREI | Trust Fund Cont | 1 TIT NA | n. Added 1. TLE I.ME REET ADDRES | I to Fees | | | | |
| Initial or Am 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIR D FAVALE, RAFFAEL 5174 CLOVER CREI BOYNTON BEACH, | Trust Fund Cont | 1 TIT NA ST | n Added 1. TLE I.ME REET ADDRES IY-ST-ZIP | I to Fees | | | | |
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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 on an attachment with an address with all other like empowered.

MAURICIO FAVALE

4/30/2003

561-265-2171