2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700004606 1. Entity Name THE SAVOY ON SOUTH BEACH CONDOMINIUM ASSOCIATION Principal Place of Business Mailing Address C/O THE ARDEN GROUP 455 OCEAN DR MIAMI BEACH FL 33139 121 S. BROAD ST., 13TH FLOOR PHILADELPHIA PA 19107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0778032 Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE NAMÉ NAME

FILED Jul 22, 2002 8:00 am Secrétary of State

07-22-2002 90154 040 ****61.25



DATE

215-735-1313

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition SPENCER, CRAIG STREET ADDRESS 121 S. BROAD ST., 13TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19107 ☐ Delete ☐ Change ☐ Addition TITLE TIT! F PIETROPOLI, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 121 S. BROAD ST., 13TH FLOOR CITY+ST-71P CITY-ST-ZIP PHILADELPHIA PA 19107 _ 🔲 Delete TITLE TITLE ☐ Change ☐ Addition CARUSO, JOSEPH S NAME NAME STREET ADDRESS STREET ADDRESS 121 S. BROAD ST., 13TH FLOOR CITY-ST-7IP CITY-ST-ZIP PHILADELPHIA PA 19107 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ~> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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: