2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700004655 Jun 12, 2000 8:00 am Secretary of State COMMUNITY PRESERVATION ALLIANCE, INC. 06-12-2000 90032 024 ****61.25 Mailing Address Principal Place of Business 1463 TROON CIR 1463 TROON CIR PALM CITY FL 34990-4428 PALM CITY FL 34990-4428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 31-1557725 and the second of the second of the second Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -November 1 Street Address (P.O. Box Number is Not Acceptable) ENRIGHT, RICHARD E 1463 TROON CIR PALM CITY FL: 34990-4428: 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE (1). (13.) X 1.19 FILE NOW: , . . . 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE MCCOY, DORIS L PH.D NAME NAME STREET ADDRESS STREET ADDRESS **5758 BEAUMONT AVE** CITY-ST-ZIP CITY-ST-ZIP LA JOLLA CA 92037 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME MOEHN, JAMES STREET ADDRESS STREET ADDRESS 12716 198TH AVE EAST CITY-ST-ZIP CITY-ST-7IP SUMNER WA 98390 ☐ Change Addition -TITLE ☐ Delete ENRIGHT, RICHARD E JR. NAME STREET ADDRESS STREET ADDRESS 1463 SW TROON CIR CITY-ST-ZIP CITY-ST-ZIP Palm City FL 34990 Delete TITLE ☐ Change ☐ Addition TITLE NAME MILLER, KIMBERLY A STREET ADDRESS STREET ADDRESS 4162 N. JODHPUR CT CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

XIGNATURE REQUIRED SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #