2000 UNIFORM BUSINESS REPORT (UBB) Apr 28, 2000 8:00 am DOCUMENT # N98000000815 Secretary of State 1. Entity Name GARDENS ESTATE HOMEOWNERS ASSOCIATION. INC. 01-26-2000 90092 049 \*\*\*\*61.25 Mailing Address Principal Place of Business 14425 COUNTRY WALK DR 14425 COUNTRY WALK DR MIAMI FL 33186-8103 MIAMJ FL 33186 44-6772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-09 Not ---Zip Country 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) SCHUMER KARL 200 S BISCAYNE BLVD 20TH FLOOR City Zip Code FL MIAMI FL 33131 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. DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change Addition | ☐ Delete DP TIFLE NAME NAME CARRILLO, MICHAEL G STREET ADDRESS STREET ADDRESS 14425 COUNTRY WALK DR C/TY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition TITLE ☐ Delete TITLE ns NAME MAME SCHUMER, KARL J STREET ADORESS STREET ADDRESS 200 SO BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 DIFELTOS-Delete Treasures ☐ Change TITLE TITLE Redro Gorcia Carri NAME NAME ROGEWO, CAINROS STREET ADDRESS STREET ADDRESS 141-SW SRD STREET-SUITE 600-CITY-ST-70P CITY-ST-ZIP MIAMI FE 33130 Addition ☐ Change mr TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-SY-ZIP Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP Change Addition Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 or Block 11 in changed, or on an attachment with an appears, with all other like empowered.