## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 11, 2003 8:00 am Secretary of State

5/5,

<ol> <li>Entity Name</li> </ol>	MENT # N98000 TON PARK EAST HOMEOWN		vc.		05-05-2003 9011:	8 050 **	**61.25	
Principal Place of Business 4670 N.W. 4TH COURT PLANTATION FL 33317 US		Mailing Address 4670 N.W. 4TH COURT PLANTATION FL 33317 US		JUUREJUU				
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ECK HERE IF MAKING (	CHANGES		
City & State		City & State		4. FEI Number APPLIED FOR			plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu	Is Desired     \$	8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	<del>-                                    </del>	7. Name and Addres	ss of New Registered Ag		<del></del>	
	C. LINGTON MICH WASHINGTON		Name	< /	4/1			
		<del>a de la composición</del> de la composición dela composición de la com	· := -:   - <u></u>	: >/+1/	<i>715</i>		·	
BAKER, SHIRLEY D 4-70 N.W. 4TH COURT			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
PUŅNTAT	TION FL 33317	•					1	
			City		FL	Zip Code	,	
	(Signature: typed or printed name of registered agent	T	Pagistated Agent signature requirements agent Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Florida Departn			
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS GIY-ST-ZIP	PD BAKER, SHIRLEY D 4670 N.W. 4TH COURT PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	None		Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIN, O'NEAL 4857 N.W. 7TH COURT -PLANTATION-FL 33317	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None Non.	د	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TD Grant, Winston 4461 N.W. 6TH STREET PLANTATION FL 33317	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra 47/ Nu	148 134	Change enu	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS LEVY, DELSIE 4324 NW 2ND ST PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yvonne 4896 A	Hepbur	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partat	333/	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emps	this filing does not qualify for true and accurate and that m wered to execute this report a	the exemption stated in S y signature shall have the as required by Chapter 61	ection 119.07(3)(i), Florid same legal effect as if m 7, Florida Statules; and the	a Statutes. I further certify ade under oath; that I am nat my name appears in E	that the in an officer of lock 10 or I	formation or director Block 11 if	