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

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

SIGNATURE:

Apr 03, 2003 8:00 am Secretary of State DOCUMENT # N99000002078 04-03-2003 90141 011 ****61.25 1. Entity Name THE MARK-LENA CENTRE CONDOMINIUM ASSOCIATION, IN Principal Place of Business Mailing Address 1105 12TH STREET 1717 20TH STREET STE, 105 VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business Place Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0963905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Ager Name MERRILL-KAREN L 1105 12TH STREET VERO BEACH FL 32960 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 regist ered agent SIGNATURE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Be Presiden CR2E037 (10/02 Change TITLE TITLE Janet Andersa WALLACH, KURT L NAME NAME 1717 20TH STREET STE. 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P VERO BEACH FL 32960 Change Addition TITLE Trasurer **Z**) Delete TITLE WALLACH, MARILYN G NAME NAME Gloria STREET ADDRESS 1717 20TH STREET STE. 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P VERO BEACH FL 32980 Change **X** Addition Delete TITLE Wattles, regina M 💛 🥆 NAME NAME 1717-20TH-STREET-STE-105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Addition TITI F Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **X** Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 each; 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

FILED