4/25 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am Secretary of State DOCUMENT # N9900002556 1. Entity Name 04-25-2001 90378 019 ****61.25 PLAZA 27 PROPERTY OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 2157 US-27 S 2157 US 27-5 SEPRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address 0.527 SOUTH 2151-2157 2151 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SEBLING City & State SEBRING 4. FEI Number Applied For FL 59-3599348 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33870 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERIC K. MOORE Box Number is Not Acceptable) FUTCH, JEFFREY E 4212 COMMERCIAL DRIVE SEBRING FL 33872 SEBUNG 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. ERICK. WOOK **SIGNATURE** Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOW: Make Check Payable to 9. Election Campaign Financing \$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 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ■ Addition NAME FUTCH, JEFFREY E NAME STREET ADDRESS STREET ADDRESS 2157 US 27 S **CR2E037** City-ST-7/P SEBRING FL 33870 CITY-ST-7IP DST TITLE ☐ Delete TITLE ■ Addition MOORE, ERIC K NAME NAME STREET ADDRESS STREET ADDRESS 3730 CREEKSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33875 Addition TITLE D TITLE LEED, ROBIN A. 3755 RODEO DRIVE SOUTH NAME REED, ROBIN A NAME STREET ADDRESS STREET ADDRESS 3755 RODEO DRIVE SOUTH CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33875 SEBRING , FL 33875 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-71P ☐ Delete TITLE ☐ Change ■ Addition NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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CITY-ST-7IP

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UNU S/T ERIC

Delete

4-20-2001

863)385-150

☐ Addition

Davierse Phone 8

☐ Change