FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # **N99000002933** 1. Entity Name GREATER FLAMINGO PARK CIVIC ASSOCIATION, INC. 05-07-2002 90258 039 ****61.25 Principal Place of Business Mailing Address 2217 SW 15 ST. 2217 SW 15 ST. FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business Telet 5W 22 AVE 1661 SW 22 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0953195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLER, GYPSY Street Address (P.O. Box Number is Not Acceptable) 少約7 SW:15 ST. ORT LAUDERDALE FL 33312 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDERUI (10/6) TITLE TITLE ☐ Delete Da Change ☐ Addition MILLER, GYPSY CYNTHIA R SACOBEDA NAME NAME 2217 SW 15 ST. STREET ADDRESS STREET ADDRESS 461 5W 22 AVE FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition JACOBSON, CYNTHIA NAME 1661 SW 22 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT_LAUDERDALE, FL 33312 CITY-ST-ZIP TROBSURER TITLE ☐ Delete TITLE Change ☐ Addition JACOBSON, CYNTHIA NAME SWD4 SADNIBA NAME 1661 SW 22 AVE DIDD OW 23 POTON FORT KAWDENDAND, FL 33312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF FORT LAUDERDALE FL 33312 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 changed, or on an attachment with an address, with all other like empowered.

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