2000 UNIFORM BUSINESS REPORT (前BR) Apr 28, 2000 8:00 am Secretary of State DOCUMENT # N99000003133 DUNDEE'S ROYAL OAKS HOME OWNERS ASSOCIATION, INC 02-16-2000 90136 007 ****61.25 Principal Place of Business Mailing Address 1012 DUNDEE ROAD 1012 DUNDEE ROAD ROYAL DAKS MOBILE HOME ROYAL OAKS MOBILE HOME DUNDEE FL 33838 DUNDEE FL 33838 2. Principal Place of Business 3. Mailing Address P.a. Box 1799 Sulte, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 20 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent... Name 59-3614980 Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Department of State Added to Fees FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change (Change TITLE 31717 Delete 1 Day President NAME NAME BRADAM, CHARLES STREET ADDRESS STREET ADDRESS 1012 DUNDEE ROAD CITY-ST-ZIP CITY-ST-ZIP **DUNDEE FL 33838** ☐ Change 🔲 Addition Delete TITLE TITLE NAME NAME RAC; WILLIAM STREET ADDRESS STREET ADDRESS 1012 DUNDEE ROAD CITY-ST-ZIP CITY-ST-ZIP DUNDEE FL 33838 Addition ☐ Change TITLE SD ☐ Delete TIFLE NAME NAME FLING, ROBERT B STREET ADDRESS STREET ADDRESS 1012 DUNDEE ROAD CITY-ST-ZIP CITY - ST - 719 DUNDEE FL 33838 TITLE Change Addition Delete TITLE TD NAME NAME Huber, Jim STREET ADDRESS STREET ADDRESS 1012 DUNDEE ROAD CITY-ST-ZIP CITY-ST-ZJP **DUNDEE FL 33838** Addition Change Delete TITLE TITLE NAME COMSTON, Fred COMPSTOM, FRED NAME STREET ADDRESS STREET ADDRESS 1012 DUNDEE ROAD CITY-ST-ZIP CITY-ST-ZIP **DUNDEE FL 33838** Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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 supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the re changed, or on an atta empowered.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: