2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATUR

with all other like empowered.

FILED DOCUMENT # N99000005072 Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** MAGNOLIA AT RIVERMILL HOMEOWNERS' ASSOCIATION, I 06-08-2000 90036 011 ****61.25 Mailing Address Principal Place of Business 8198 JOG ROAD STE 200 8198 JOG ROAD STE 200 BOYNTON BEACH FL 33437-2900 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Comino Real 1100 W. 7100 W. Camino DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CENTEX REAL ESTATE CORPORATION 8198 JOG ROAD STE 200 **BOYNTON BEACH FL 33437** Zip Code FL 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition Delete TITLE ABRAMS, DAVE NAME STREET ADDRESS STREET ADDRESS 8198 JOG ROAD STE 200 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Addition ☐ Change ☐ Delete TITLE TITLE MEYERS, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 8198 JOG ROAD STE 200 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Daniel a de la companya de la compan Addition Delete TITLE Bomhoff, Jennifer HAMMOND, LEONA NAME 8198 Jog Road, Suite 200 STREET ADDRESS STREET ADDRESS 8198 JOG ROAD STE 200 Boynton Beach, Florida 33437 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [] Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS 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 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

Daytime Phone #