FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # **N99000007640** 1. Entity Name 04-08-2002 90223 020 \*\*\*\*61 25 MAGNOLIA IN THE PARK HOMEOWERS' ASSOCIATION, INC Principal Place of Business Mailing Address 610 NE 13TH AVE 610 NE 13TH AVE FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 606 NE 13th 3. Mailing Address 606 NE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0633827 Not Applicable \$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 LANG Street Address (P.O. Box Number is Not Acceptable) CHASE, CHRIS **610 NE 13TH AVE** FORT LAUDERDALE FL 33304 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. П Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD (9/01 ☐ Delete TITLE ☐ Change ☐ Addition TITLE LANG, JEFF NAME NAME STREET ADDRESS CR2E037 STREET ADDRESS 606 NE 13TH AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 VPD □ Delete TITLE MI Change ☐ Addition TITLE NAME RANDALL, JACK NAME 604 NE 13th AVE STREET ADDRESS **606 NE 13TH AVE** STREET ADDRESS FORT LANDERDALE IFL 33304 FORT'LAUDERDALE FL 33304 TITLE M Delete TITLE CHASE, CHRIS NAME NAME LANG, TERRI STREET ADDRESS STREET ADDRESS 606 NE 13TH AVE 606 NE 13TH NE FT LAWDERDALE FL 33304 CITY-ST-7/P CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete TITLE TITLE NAME TIGHE, EO NAME STREET ADDRESS STREET ADDRESS 600 NE 13th AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAWERDALE Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.