2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P00000035372 1. Entity Name SUNLAND HOMES AT CHATHAM PARK, INC. 05-10-2001 90094 015 ***150.00 Mailing Address Principal Place of Business 6823 VISTA PKWY NORTH 6823 VISTA PKWY NORTH W. PALM BCH FL 33411 W. PALM BCH FL 33411 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1007553 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Cheryl Y. Perry HALPERIN, ELEANOR B Street Address (P.O. Box Number is Not Acceptable) 1400 CENTREPARK BLVD., SUITE 1000 W. PALM BCH FL 33401 6823 Vista Parkway North West Palm Beach City ^{Zip}33411 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. Cheryl Y. Perry 4/27/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ered aged and title if applicable Signature, typed or plinted na FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE YOUNG, FRANK NAME STREET ADDRESS STREET ADDRESS 6823 VISTA PKWY NORTH CITY-ST-ZIP CITY-ST-7IP W. PALM BCH FL 33411 ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR