2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2000 8:00 am Secretary of State DOCUMENT # P95000052466 1. Entity Name ORIOLE AT STONECREST, INC. 03-27-2000 90102 012 ***150.00 Principal Place of Business Mailing Address 1690 SOUTH CONGRESS AVENUE 1690 SOUTH CONGRESS AVENUE SUITE 200 SUITE 200 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445-6386 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0612267 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 PIVINSKI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1690 SOUTH CONGRESS AVENUE SUITE 200 **DELRAY BEACH FL 33445** 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 Florida. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 °. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 Ħ. OFFICERS AND DIRECTORS 12. ☐ Addition C/D TITLE Change TITLE ☐ Delete NAME LEVY, RICHARD D NAME STREET ADDRESS STREET ADDRESS 1690 S. CONGRESS AVENUE STE. 200 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** Change ___ Addition Defete TITLE TITLE LEVY, MARK A NAME NAME STREET ADDRESS STREET ADDRESS 1690 S. CONGRESS AVENUE STE. 200 CITY-ST-7IP CITY-ST-7/P **DELRAY BEACH FL 33445** ☐ Addition ☐ Change TITLE ☐ Delete TITLE PIVINSKI, JOSEPH NAME NAME STREET ADDRESS 1690 S. CONGRESS AVENUE STE. 200 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-7IP Addition ☐ Delete TITLE Change TITLE. LEVY, HARRY A NAME NAME 1690 S. CONGRESS AVENUE STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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.

SIGNATURE:

J. PIVINSKI 3/21/00 (561) 274–2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR