

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000017250

1. Corporation Name

WELCOME HOMES BOCA, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90020 047 ***150.00



Principal Place of Business Mailing Address							. I immitien ile ieini ibrit melli debit gerit gelet iter, immie men enn enn enn
5530 WISCONSI	N AVE SUITE 900	55	5530 WISCONSIN AVE., SUITE 900				
CHEVY CHASE MD 20815			CHEVY CHASE MD 20815				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							02/20/1998
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
<u> </u>			26				52-2093673 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				S8.75 Additional
一 ・ ・	, 610.	27	outai i ipi: ii i oto:				5. Certificate of Status Desired Fee Required
22 City & State	3:		- City & State	<u> </u>			6: Election Campaign Financing \$5:00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible
24	¬ '		29 30				Personal Property Tax.
241	9. Name and Address of Curren						10. Name and Address of New Registered Agent
				81	ı	Name	
CT CORPORATION SYSTEM					Ļ,	Ctroot Addre	ess (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.				82	١ ١	Street Addre	ess (P.O. Box regimber is red Acceptable)
PLANTATION FL 33324							
				-			on 7 in Code
				84	١ ١	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 6	607.1508, Florida Statutes,	the above	9-N	named corpo	oration submits this statement for the purpose of changing its registered
office or t	egistered agent, or both, in the State in familiar with, and accept the obligation	of Hone	da. Such change was auth	ionzea by	m	e corporatio	on's board of directors. I hereby accept the appointment as registered
_	m ramiliar with, and accept the obliga-	JOHS OF	, Section 607.0505, Florida	a Otatutes			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if applicable. (NOTE: Re	gistered Ager	nt si	beruper enursangia	d when reinstating) DATE
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TITLE		9	STANLEY R. ZUPNIK
NAME	ZUPNIK, STANLEY		I	1.2 NAME		Š	5530 WISCONSIN AVENUE, STE. 900
STREET ADDRESS	5530 WISCONSIN AVE., SUITE	900		1.3 STREET	TAC		CHEVY CHASE, MD. 20815
CITY-ST-ZIP	CHEVY CHASE MD 20815			1.4 CITY-S	T-Z	1	
TITLE	D		∑ DELETE	2.1 TITLE		Ī	D/V
NAME	SANKER, BERNARD			2.2 NAME		l l	KEVIN A. ZUPNIK
STREET ADDRESS	5530 WISCONSIN AVE., SUITE	900		2.3 STREET	TAE	DORESS 5	5530 WISCONSIN AVENUE SUITE 900
CITY-ST-ZIP	CHEVY CHASE MD 20815			2. 4 CITY-S	ST-2	ZIP (CHEVY CHASE, MD. 20815
*TITLE -	D		ت منت DELETE منت	3.1 TITLE			D/S Change Addition
NAME '	BORREDA, BELLA			3.2 NAME		1	BELLA BORREDA
STREET ADDRESS	5530 WISCONSIN AVE., SUITE	900		3.3 STREET	TAC		
CITY-ST-ZIP	CHEVY CHASE MD 20815		:	3.4. CITY-S	ST-2	ZiP G	5530'WISCONSIN AVEUE, SUITE 900 CHEVY CHASE, MD. 20815
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREE	TAL	DORESS	
CITY-ST-ZIP				4.4 CITY-S			
TITLE			☐ DELETE	5.1 TITLE	_		☐ Change ☐ Addition
NAME			•	5.2 NAME			<i>*</i>
STREET ADDRESS				5.3 STREET	T AE	DORESS	
CITY-ST-ZIP				5.4 CITY-S	T-Z	ZIP	
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME		İ	
STREET ADDRESS	l			6.3 STREE	TAE	DDRESS	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: BELLABORREDAU COOLIGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR