

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000058934

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NEW HORIZON RESIDENTIAL SERVICES, INC.

| Principal Place of Business Mailing Address | | | | | | 118 | 101193 1 11 0 1 0 101 1 9 111 | ANSII ANIII ANIII AR | 'RI BIINI IRIIN ISII | ## 10610 #1M1 1W#} | | |
|---|---------------------------------|-----|-----------|--|---|----------------------------|---|--|---|--------------------|---------------|--|
| 11301 PIPING ROCK DR 11301 PIPING ROCK DR | | | ROCK DR | | | ļ | | | | | | |
| BOYINGTON BEACH FL 33437 BOYINGTON BEACH FL 33437 | | | r I | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| | | | | | | | 2 Data la | corporated or Qu | | IS SPACE | | |
| | | | | | | | | /1998 | alled | , | | |
| Principal Place of Business 2a. Mailing Address | | | | | | | | nber | | 112 | Applied For | |
| = · · · · · · · · · · · · · · · · · · · | | | | | | | | 0847045 | | | ot Applicable | |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 05- | 0047045 | | | Additional | |
| 22 27 27 27 27 27 27 27 27 27 27 27 27 2 | | | | ana sa sa sa ana ana ana ana ana ana ana | | | 5. Certifca | ate of Status Des | ired | , | Required | |
| | City & State City & State | | | | | | 6 Election | n Campaign Fina | \$5.00 | \$5.00 May Be | | |
| 23 | 28 | | | | | | | und Contribution | | • | to Fees | |
| Zip | | | | | Country 8. | | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 29 30 | | | | _ | | | al Property Tax. | | Yes | X□No | |
| Name and Address of Current Registered Agent | | | | | | | 10. Name | and Address of | New Registere | d Agent | | |
| | | | | 81 | Name |) | | | | | | |
| MERLO, ANDREW | | | | | Street | t Addres | s (P.O. Box | Number is Not A | (cceptable) | | | |
| 2101 CORPORATE BLVD, SUITE 325 | | | | | | | .` | | | | | |
| BOCA RATON FL 33431 | | | | 83 | 1 | | | | | | | |
| | | | | 84 | City | City 85 Zip Co | | | | | Code | |
| | | | | | | | FL. | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE | | | /NOTE: De | nistana Ana | et sienet m | required u | then reinstation) | | DATE | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi | | | | | tered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | | | | ORS IN 12 | | |
| TITLE | D OF TOLING | | X DELETE | 1.1 TITLE | | | ABBATTE | 3110,010,010 | , | Change | | |
| NAME | MERLO, ANDREW | | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 11301 PIPING ROCK DR | | | 13 STREE | T ADDRESS | 5 | | | | | | |
| CITY-ST-ZIP | BOYINGTON BEACH FL 33437 | | | 1.4 CITY-5 | | | | | | | | |
| TITLE | D | X | ☐ DELETE | 2.1 TITLE | | | | | | Change | Addition | |
| NAME | MOORE, DEBORAH | | | 2.2 NAME | | 1 | | | | | ĺ | |
| STREET ADDRESS | 2101 CORPORATE BLVD, SUITE | 325 | | 2.3 STREE | TADDRESS | s | | | | | | |
| "CITY-ST-ZIP" | BOCA RATON FL 33431 | | سدسين | 2.4 CITY- | ST-ZIP | | | | | سرمندسی، داد | · | |
| TITLE | D | | DELETE | 3.1 TITLE | | 3.1 | A11 | Officer | s | X Change | Addition | |
| NAME | MERLO, BRENDA | 33 | | 3.2 NAME | | | TIS | | | | | |
| STREET ADDRESS | 11301 PIPING ROCK DR | | | 3.3 STREE | T ADDRESS | 1 | , , - | | | | | |
| CITY-ST-ZIP | BOYINGTON BEACH FL 33437 | | | 3.4. CITY- | ST-ZIP | | | | | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | | | | ☐ Change | Addition | |
| NAME | | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | j | 4.3 STREE | TADDRESS | s | | | | | | |
| CITY-ST-ZIP | | | | 4.4 CTY-8 | ST-ZIP | | | | | | | |

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

(561) 733 -1551

☐ Change

☐ Change

☐ Addition

☐ Addition

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90102 038 ***150.00

a condicione filo contra altera diversi di decendante di della distribitazione di di