DOCUMENT # p99000099055 1. Entity Name SOLIVITA AT POINCIANA RECREATION, INC.						FILED Jun 05, 2000 8:00 am Secretary of State 06-05-2000 90015 024 ***158.75			
Principal Place o	f Business	Mailing Address				06-03-2000 900	13 024 ****1:	38.73	
					:	· · · · · · · · · · · · · · · · · · ·			
2. Principal Place of Business 201 Alhambra Circle 3. Mailing Address PO BOX 026000									
Suita Ant. F	etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Coral	Gables, F1	City & State Miami, F1	City & State Miami, F1			971586	N	pplied For ot Applicable	
^{Zip} 33134	Country USA	33102	Coun		5. Certifica	e'of Status Desired	\$8,75 Ad Fee Require		
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name ar	d Address of New Register	ed Agent		
Name Juan					Tuanita I. K	errigan			
·				Street Ac	Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle				
]	12th F1				
				1	Coral Gables	> ;	Z33343	34	
9. This corpora Tax filing req (See criteria	•	ble FILE NOW After MAY 1, 2 Make Check Paya	VIII FEE 2000 Fee able to De	IS \$150.0 will be \$5	50.00 To E	lection Campaign Financing rust Fund Contribution.	\$5.0 Adde	OO May Be d to Fees	
11 . TITLE	OFFICERS A	ND DIRECTORS Delete	12.		PD	CHANGES TO OFFICERS	Change	XAddition	
NAME		Delete	NAM		Cohen, Har	old	··- 3 -	_	
STREET ADDRESS			STRE	ET ADDRESS		ra Circle 12th	F1		
CITY-ST-ZIP			CITY	-ST-ZIP		es, F1 33134		373 4 100	
TITLE		☐ Delete	TITL		VT McNairy, C	narles I	Change	X Addition	
NAME STREET ADDRESS				ET ADDRESS		ra Circle 12th 1	F1		
CITY-ST-ZIP			CITY	-ST-ZIP		es, F1 33134	· <u> </u>		
TITLE		☐ Delete	TITLI	E	VS	1	☐ Change	X Addition	
NAME			NAM	E Et address	Kerrigan,	-	-1		
STREET ADDRESS CITY-ST-ZIP			i i	-ST-ZIP		ra Circle 12th 1 es, Fl 3 313 4	£1		
TITLE		□ Delete	TITL	<u> </u>	V	<u> </u>	☐ Change	Addition	
NAME			NAM		Corners, Jo	hn	,		
STREET ADDRESS CITY-ST-ZIP			A i	ET ADORESS -ST-ZIP		ra Circle 12th 1	7 1		
TITLE		□ Delete	TITL		-Goral Gable	s, F1 33134	☐ Change	X Addition	
NAME		LLI Delele	NAM		Rubin, Micl	nael S.			
STREET ADDRESS			lt .	ET ADDRESS		a Circle 12th 1	71		
CITY-ST-ZIP				-ST-ZiP		s, Fl 33134		□ A debte.	
TITLE		☐ Delete	TITL! NAM]	D	1	∐ Change	Addition	
NAME Street Address				ET ADDRESS	Fels, Jonat	•	21	}	
CITY-ST-ZIP			1	-ST-ZIP		ca Circle 12thll es, F1_33134	! L		
ر 13 . Thereby cer	- tify that the information supplied y	 with this filing does not qualify f	for the exe	mption stat	ed in Section 119.07(3	i)(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.