FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2003 8:00 am Secretary of State **DOCUMENT # 704039** 08-29-2003 90086 026 ****61.25 SNEAD ISLAND COMMUNITY, INC. Principal Place of Business Mailing Address SNEAD ISLAND SNEAD ISLAND P.O. BOX 1253 P.O. BOX 1253 PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For 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 MCDONALD, JAN Jumber is Not Acceptable) 4118 POMPANO LANE PALMETTO FL 34221 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Addition etcher, Dorothy NAME SHELLY, DIANE NAME STREET ADDRESS STREET ADDRESS 5619 17TH ST W CITY-ST-ZIP CITY-ST-7IP PALMETTO FL 34221 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME WILLARD, CATHY STREET ADDRESS 5519 17TH ST W CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Change Addition -TITLE - Delete 4397 Pomparo Lane NAME MACDONALD, JAN STREET ADDRESS STREET ADDRESS 4118 POMPANO LANE almetto, A 34221 CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Delete TITLE Change Addition TITLE sa pessina NAME FLETCHER, DOROTHY NAME 4349 Pompano cane STREET ADDRESS STREET ADDRESS 4345 15TH WAY W alnetto, a 34221 CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Delete TITLE ☐ Change Addition TITLE WILLARD, KATHY NAME NAME STREET ADDRESS STREET ADDRESS 55191 12TH STREET W mc+40, Rc 34221 CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE Delete TITLE Change ☐ Addition NAME SCHROEDER, JOSEPH STREET ADDRESS 4336 14TH ST CIR W STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALMETTO FL 34221

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-721-4747