200/¿UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # 725388 1. Entity Name 5-12-2001 90005 020 ****61.25 SARABAY COVES ASSOCIATION, INC. Principal Place of Business Mailing Address 310 PEARL AVENUE 310 PEARL AVENUE UAGAGAGATA SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1643849 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 DELLCOR MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 310 PEARL AVE. SARASOTA FL 34243 City Zip Code 3. 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Change Delete TITLE TITLE MCBRIDE BILL SIRIANNI, JOHN F. NAME 1714-69TH AVE. W. 1714 69TH AVE. W. A202 STREET ADDRESS TREET ADDRESS bradenton fl BRADENTON FL CITY-ST-ZIP ITY-ST-ZIP Change Addition ☐ Delete TITLE TLE= SCHULER, ROSEMARIE Galeino, Wm. NAME ME 1714 69TH AVE. W. STREET ADDRESS IREET ADDRESS CITY-ST-ZIP TY-ST-ZIP BRADENTON FL Delete Addition TITLE ☐ Change TLE Davis, Grace GLANOVSKY, EDWARD NAME 1714-69 Avew STREET ADDRESS REET ADDRESS 1714 69TH AVE. W. B208 CITY-ST-ZIP IY-ST-ZIP BRADENTON FL Change ■ Addition TITLE LE. D ΜE BEIERWALTES, GUS REET ADDRESS STREET ADDRESS 1714 69TH AVE. W. CITY-ST-ZIP TY-ST-ZIP BRADENTON FL Change LE Addition LOBB, HARVE NAME 1714 69TH AVE, W. REET ADDRESS STREET ADDRESS City-St-ZIP Y-ST-ZIP BRADENTON FL Delete TITLE Change ☐ Addition ZAGONY, STEVE NAME STREET ADDRESS **1EET ADDRESS** 1714 69TH AVE. W. CITY-ST-ZIP Y-ST-7IP BRADENTON FI 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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