2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 726920 Apr 27, 2000 8:00 am 1. Entity Name Secretary of State TOLL GATE SHORES ASSOCIATION, INC. 04-27-2000 90084 012 ****61.25 Mailing Address Principal Place of Business 153 TOLL GATE LANE 153 TOLL GATE LANE ISLAMORADA FL 33036 ISLAMORADA FL 33036-4221 2. Principal Place of Business 3. Mailing Address 88005 OVERSCASHWY r roos outeseas HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 0-170 10-179 City & State 4. FEI Number Applied For City & State SLAMOBADA 59-1497334 ISLAMORADA Not Applicable ountry Zip Country **\$8.75** Additional 5. Certificate of Status Desired 33036 MONROE 3303 Fee Required Moneor 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RASH, STEPHEN H. ONE INTERNATIONAL PL. **SUITE 2800** Zip Code MIAMI FL 33131-2144 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. LYNN K. BRODIE ☐ Addition **▼** Delete TITLE P TITLE NAME NAME ORTOLANI, ARTHUR BISTOLL GATE SHORES DR. STREET ADDRESS STREET ADDRESS 213 TOLL GATE BLVD. ISLAMORADA, FL 33036 CITY-ST-ZIP CITY-ST-ZIP <u>ISLAMORADA FL</u> Change ☐ Addition TITLE TITLE VD. N Delete STEVE RASH BOND, WILLIAM C NAME NAME STREET ADDRESS ONE INTERNATION ALPLAZA SUITE 2800 STREET ADDRESS 265 TOLL GAT EBLVD. CITY-ST-ZIP MIAMIL FL 33131 CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Addition Change TITLE TD Delete TITLE HOAG, BARBARA S. NAME NAME LESUE BLUNK STREET ADDRESS STREET ADDRESS 1421 UNKS OF 153 TOLL GATE LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 <u>islamorada el</u> ☐ Addition X Delete TITLE Change TITLE SAM WAMPLER 1980 TOLL BATE BLVD NAME NAME RIVIERE, DONNA STREET ADDRESS STREET ADDRESS 9129 SW 69TH CT CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA, FL 33036 MIAMI FL 33156 Change Delete TITLE ART ORTOLANI ■ Addition TITLE NAME NAME 213 TOULGATE BLUD SAIGER, GLENN STREET ADDRESS STREET ADDRESS 311 TOLL GATE SHORES DRIVE ISLAMORADA, FL 33036 CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 Delete TITLE 🔀 Change ☐ Addition TITLE NAMÉ NAME MALLOW, JAMES SANDRA BLUOTT

SIAMORADA, FL 33036 12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

LESLIEBWNK

CITY-ST-ZIP

SIGNATURE:

321 TOLL GATE SHORES DR.

ISLAMORADA FL 33036

STREET ADORESS

CITY-ST-ZIP

3-27-00

102 TOUGATE BUYD