2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 730115 Apr 24, 2000 8:00 am Secretary of State CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATI 04-24-2000 90162 049 ****61.25 Principal Place of Business Mailing Address FOUR SEASONS MANAGEMENT FOUR SEASONS MANAGEMENT 10036 SAWGRASS DR. #3 P.O. BOX 1159 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32004-1159 2. Principal Place of Business 3. Mailing Address 2180 W SR 434 2180 W SR 434 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 5000 STE 5000 City & State City & State Applied For 4. FEI Number 59-1655955 LONGWOOD FL LONGWOOD FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32779 32779 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THART JAMES WITTE MUNCH, DONALD SENTRY MANAGEMENT INC. FOUR SEASONS MANAGEMENT 2180 W SR 434 STE 5000 10036 SAWGRASS DR., SUITE 3 LONGWOOD FL 32779-5044 PONTE VEDRA BEACH FL 32082 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. XX Change TITLE ☐ Delete TIT1 F Addition TVAIT, ONN TRAIT, ANN NAME NAME 10 TENTH STREET STREET ADDRESS STREET ADDRESS 10 TENTH ST #28-E atlantic beach fl CITY-ST-ZIP CITY-ST-ZIP 32233 TITLE XX Change ☐ Addition ☐ Delete TD TITLE HAAKINS, BOB NAME NAME HAWKINS, ROBERT 10 TENTH STREET STREET ADDRESS STREET ADDRESS 10 TENTH ST #25-E ATLANTIC BEACH FL CITY-ST-ZIP CITY-ST-7IP <u> 32233</u> Delete ☐ Change XX Addition TITLE TITLE GEBERT, EDWARD HOWELL, MARIE NAME NAME 10 TENTH STREET STREET ADDRESS STREET ADDRESS 10 TENTH ST #66-K ATLANTIC BEACH FL CITY-ST-ZIP CITY-ST-ZIP 32233 Delete ☐ Change Addition TITLE TITLE COX, ARLENE NAME VEAL, CAROL NAME 10 TENTH ST STREET ADDRESS STREET ADDRESS 10 TENTH ST #26-E ATLANTIC BCH FL CITY-ST-ZIP CITY-ST-ZIP XX Change ☐ Addition TITLE ☐ Delete TITLE MCCART, PATRICIA L NAME MCCART, PATRICIA 10 TENTH STREET STREET ADDRESS STREET ADDRESS 3102 ST JOHNS AVE ATLANTIC BEACH FL CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 TITLE XX Change ☐ Addition TITLE ☐ Delete BERRY, ROBERT NAME NAME 10 TENTH STREET 10 TENTH ST #6-A STREET ADDRESS STREET ADDRESS ATLANTIC BCH FL CITY-ST-ZIP CITY-ST-ZIP 32233 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 truefee employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 4-12-00 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

والمال الاربيل الالايلي له مهيل الربيل و أمر أناب الماليات المرابي والمالة المالا المالية