2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am § Secretary of State DOCUMENT # 744810 1. Entity Name 05-16-2001 90095 034 ****61.25 SAN CARLOS GOLF VILLAS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address YOURACIO 7364 CONSTITUTION CIRCLE SE 7364 CONSTITUTION CIRCLE SE FORT MYERS FL 33912-2781 FORT MYERS FL 33912-2781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2211364 Not Applicable Zìp 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 Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. THE COLONNADES 13575 BELL TOWER DR., STE. 101 Zip Code City FORT MYERS FL 33907 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61:25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Delete TITLE TITLE OBDYKE, Phocbe OBDYKE, PHOEBE NAME NAME 1366 GOLF VILLA DR STREET ADDRESS STREET ADDRESS 7366 GOLF VILLA DR. FT MYERS. CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33912 Delete TITLE ☐ Change SD TITLE HEINKE, SELMA. NAME MORSMAN, Phyllis 7358 GOLF EILLA DR FT MERS, FL 3391 NAME STREET ADDRESS 7358 GOLF VILLA DR. STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-SY-7IP Addition Delete TITLE HOUSE, MAX M NAME NAME STREET ADDRESS STREET ADDRESS 7357 CONSTITUTION CR. CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33912 TITLE ☐ Addition TITLE Delete RILEY, MARY M NAME NAME 7379 GOLF VILLA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change . 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-SY-7IP

941-267-2852

FILED