2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am g Secretary of State **DOCUMENT # 744994** 05-17-2001 91353 021 ****61.25 BEACH GARDEN "H" ASSOCIATION, INC. Principal Place of Business Mailing Address 227 LELY BEACH BLVD 227 LELY BEACH BLVD **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address 227 Barefoot Beach Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Bonita City & State 4. FEI Number Applied For 59-2474386 Bonita Not Applicable \$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) STINGL, DON 227 LELY BEACH BLVD Barefoot Beach **BONITA SPRINGS FL 33923** 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 type if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition CARKHUFF, WALDO H NAME NAME STREET ADDRESS STREET ADDRESS **108 HISPANIOLA LN** CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** TITLE ☐ Delete Stingl, Dan 227 Barefoot Beach Blud STINGL, DAN NAME NAME 227 LELY BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** TITLE X Delete TITLE NAME MAURER, JR. C NAME 28370 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE Loyd, Phil NAME NAME 109 Inaqua Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: