FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am **DOCUMENT # 766387** Secrétary of State 1. Entity Name 02-12-2002 90055 009 ****61.25 SHELL HARBOR INN RESORT & CLUB I CONDOMINIUM ASS OCIATION, INC. Principal Place of Business Mailing Address PO ROX 194 PO BOX 194 - 38641 ATTN: ASSN MGMT ATTN: ASSN MGMT CAPTIVA ISLAND FL 33924 CAPTIVA ISLAND FL 33924 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 59-2378026 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. Zip Code CAPTIVA ISLAND FL 33924 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. STD TITLE ☐ Delete TITLE ☐ Addition Change MARTIN SIAWSON SLAWSON, KENNETH NAME NAME 13148 MEERGATE CIT STREET ADDRESS 6900 LEXINGTON CT STREET ADDRESS Orlando FL 32837 C!TY-ST-ZIP CITY-ST-ZIP E AMHERST NY STO ☐ Delete TITLE Change ☐ Addition NAME CUDANY, ANTHONY Linda Logan NAME STREET ADDRESS 5400 CAPTIVA RD STREET ADDRESS 927 Gulf Dr CITY-ST-ZIP CITY-ST-ZIP CAPTIVA FL 33924 SANIBAG- FL 33959 TITLE Delete TITLE ☐ Change ☐ Addition NAME HOLMAN, JOHN F NAME John Holman STREET ADDRESS STREET ADDRESS 3046 BREABURN DR 4036 BrEAburn Dr CITY-ST-ZIP CITY-ST-ZIP MUSKEGON MI 49441 MUSKEGON MI 49441 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURAREONOR

changed, or on an attachment with an address with all other like empowered.

7/11/02

239- 402-7508

2/12/02-90055-009-\$61.25-\$61.25 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #766387 1. Entity Name SHELL HARBOR INN RESORT & CLUB I CONDOMINIUM ASS OCIATION, INC. Principal Place of Business Mailing Address PO BOX 194 PO BOX 194 ATTN: ASSN MGMT ATTN: ASSN MGMT CAPTIVA ISLAND FL 33824 CAPTIVA ISLAND FL 33924 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2378026 City & State City & State Applied For Not Applicable Zip Country * Country \$8.75 Additional 5. Certificate of Status Desireci Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOUTH SEAS PLANTATION RESORT Streat Address (P.O. Box Number is Not Asceptable) 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITL F D/Delete TITLE ☐ Chance SLAWSON, KENINETH NAME NAME MARTIN SLAWSON 8900 LEXINGTON CT 13148 Meergate Cir STREET ADDRESS STREET ADDRESS É AMHERST NY CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32437 TIPLE Dalete TITLE Inda Logan ☐ Change Addition CUDANY, ANTHONY NAME HALLE far Gulf Or **3400 CAPTIVA RD** STREET ADDRESS STREET ADDRESS SANIBIL, FL 33959 CITY-ST-ZP CAPTIVA FL 33924 CTTY-ST-ZIP TITLE Y D Delata TITLE ☐ Addition HOLMAN, JOHN F NAME John Holmani 3046 BREABURN DR. STREET ADDRESS STREET ADDRESS 436-Brenburn-Dr CITY-ST-ZIP MUSKEGON MI 49441 CITY-ST-ZIP MUSKEGON. ALI C Cateta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP . D Deleta Chance Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-S7-719 CITY-ST-ZEP MLE ☐ Delete TITLE ☐ Change Addition MALE MAME

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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADORESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

BIGNATURE AND TYPED ON PRINTED MAKE OF SECUND COPPEER ON BENEGICAL