2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2003 8:00 am Secretary of State DOCUMENT # N0200007405 03-06-2003 90112 014 \*\*\*\*61.25 MABITAT LANDING HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 201 FRONT ST., STE. 203 201 FRONT ST., STE. 203 KEY WEST FL 33040-8347 KEY WEST FL 33040-8347 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable 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 COUDENS COLEMAN, JERRY ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 FRONT ST., STE. 203 KEY WEST FL 33040-8347 305 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. - I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to six FILE NOW: FEE IS \$61.2 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. KEN MERWITZER Change TITLE Delete TITLE MORGAN, BRIAN NAME 201 FRONT ST., STE. 203 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040-8347 CITY-ST-ZIP CITY-ST-ZIP CTD TITLE ☐ Delete TITLE Change . Addition \_MIL\_HTIMS NAME .... 201 FRONT ST., STE. 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040-8347 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ■ Addition LOUDENSLAGER, ROBERTA HFHKW NAME NAME Date: Initials: STREET ADDRESS STREET ADDRESS Received: CITY-ST-ZIP KEY WEST FL 33040-8347 CITY-ST-ZIP TITLE 🗷 Delete TITLE Verified: ☐ Addition HENSEL, MARY NAME NAME Approved: 201 FRONT ST., STE. 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040-8347 CITY-ST-ZIP Posted: ☐ Delete TITLE ☐ Addition NAME Check Date/#: NAME

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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.