FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am **DOCUMENT # N03096 Secretary of State** 1. Entity Name LA JOLLA CONDOMINIUM ASSOCIATION OF BAY FOREST. 02-13-2002 90108 017 ****61.25 INC. Principal Place of Business Mailing Address % LEONARD M LEVIN % LEONARD M LEVIN 15455 ROYAL; FERN. N. #39 15455 ROYAL FERN N. #39 NAPLES FL*34110 NAPLES FL 34110 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0115399 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONOVAN Box Number is Not Acceptable) ROYLE, THRESA F 15455 ROYAL FERN LANE NORTH 17 25 23 UNIT 36 Zip Code 3411 0 NAPLES FL 34110 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) DATE F 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE ☐ Delete TITLE ☐ Addition LEVIN, LEONARD NAME NAME 15455 ROYAL FERN LANE N. #11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DONOVAN, RICHARD NAME NAME 15455 ROYAL FERN LANE N. #37 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP SD TITLE . Delete TITLE Change Addition RICHARD LUCAS LA. N. 4 2 22 ROYLE, THERESA F NAME NAME 15455 ROYAL FERN LANE N #36 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/25/02 (941)592-5780