2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90299 002 ****61.25

DOCUMENT # N12778

1. Entity Name

LOST CREEK VILLAGE AT VINES COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
PEGASUS PROPERTY MANAGEMENT, INC. 19850 BRECKENRIDGE DRIVE, SUITE A ESTERO, FL 33928 US	PEGASUS PROPERTY MANAGEMENT, INC. 19850 BRECKENRIDGE DRIVE, SUITE A ESTERO, FL 33928-2183 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908	Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2763947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STILSON, BARBARA C/O PEGASUS PROPERTY MANAGEMENT 13400 S. CLEVELAND AVE. #203 FT. MYERS FL 33907	Name Pegasus Property Mgmt. Acceptable) 17595 S. Tamiami, #200-2 Fort Myers, FL 33908 City **FL** 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 Barbara A Stilson 4-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BRADEN, JIM 19603 LOST CREEK DR. FORT MYERS FL 33912	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LAZAROFF, JIM 19665 LOST CREEK DR. FT MYERS FL 33912	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHERER, JACK 19629 LOST CREEK DR FORT MYERS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEBBA, JOHN 19633 LOST CREEK DR FORT MYERS FL 33912	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARLEY, DAVID 19663 LOST CREEK DR. FT. MYERS FL 33912	☒ Delete	D DUB WAINSCOTT 19632 LOST CREEK DRIVE FORT MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: [illegible] 4-26-00 941-454-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #