2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2001 8:00 am Secretary of State DOCUMENT # N14644 1. Entity Name PINE CREEK TOWNHOMES ASSOCIATION, INC. 03-20-2001 90010 043 ****61.25 Principal Place of Business Mailing Address 9700 RESERVE BLVD P.O. BOX 880066 PORT ST. LUCIE FL 34988-0066 PORT ST. LUCIE FL 34986 C0035408 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2694311 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CRARY, LAWRENCE E III 555 COLORADO AVE STE 1 STUART FL 34945 Zip Code City 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 signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be -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. PTD ☐ Addition Channe ☐ Delete TITLE TITLE VANDERZEE, ROBERT S NAME NAME 7338 PINE CREEK WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IE PT. ST. LUCIE FL CITY-ST-ZIP TITLE Delete TITLE ZAFERIOU, LU NAME PERCIC NAME STREET ADDRESS 7342 PINE CREEK WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PT. ST. LUCIE FL ☐ Addition TITLE TITLE Delete STONE, DICK NAME NAME STREET ADDRESS STREET ADDRESS 7380 PINE CREEK WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34986 Change TITLE Addition □ Delete NAME BOUTWELL, ANNE --NAME STREET ADDRESS STREET ADDRESS 7396 PINE CREEK WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL TITLE TITLE RAWE, KENNETH H NAME NAME STREET ADDRESS STREET ADDRESS 7362 PINE CREEK WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34986 .ddition Delete TITLE TITLE ZAFERIOU, SOCRATES NAME NAME

12. I hereby certify that the information supplied with this filling 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. 561-489-4808

STREET ADDRESS CITY-ST-ZIP

7342 PINE CREEK WAY

PORT ST. LUCIE FL 34986

STREET ADDRESS

CITY-ST-ZIP

JIRZOBERT S. VANUERZEE