ightharpoonup2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N26836 04-26-2004 90483 020 ****61.25 ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 4100 CORPORATE SOUARE 4100 CORPORATE SOUARE 105 NAPLES, FL 34104 NAPLES, FL 34104 Principal Place of Business Mailing Address Services Servicel GEREENWOOD MAN Blices word Me Suite, Apt. #, etc 03312004 Chg-NP CR2E037 (10/03) 5533 GRENWOOD 5533 City & State City & State 4. FEI Number 65-0072373 Applied For 死 Not Applicable NAPLES NAPLES. Country V SA \$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 JOHN - H - SLATEZ GREENWOOD MANAGEMENT SERVICE, INC ANCHOR ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable 4100 CORPORATE SQUARE #105 NAPLES, FL 34104 NAPLES 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 SUTTER SIGNATURE Filling Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. **Florida Department of State** Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. SD Delete DV **X** Addition TITLE TITLE Change CALDWELL, Robert LUDWIG, JEANNE NAME NAME 4572 ANDOVEZ WAY # 103 4548 ANDOVER WAY #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP NAPLES, FL Delete TITLE Change Addition TITI F NAME DOYLE, ROBERT NAME O'NEILL, JOSEPH 4564 ANDOVER WAY #103 STREET ADDRESS STREET ADDRESS 4516 ANDOUGH WALL CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP 34112 NAPLES FU D Addition TITLE ☐ Delete TITLE ☐ Change KARLSSON; LEE--- -NAME NAME STREET ADDRESS 4588 ANDOUER WAY #105 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP PD TITLE ☐ Change ☐ Addition TITI F Delete MESSINGER, CARL Kaler, CHIRLES NAME NAME 4516 ANDOUGE WAY 4556 ANDOVER WAY # 205 STREET ADDRESS STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-ZIP NAPLED TH 342 TITLE TD ☐ Delete TITLE Change ☐ Addition LAPLANTE, JOSEPH NAME 4588 ANDOVER WAY #301 STREET ADDRESS STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-ZIP Change PD ☐ Addition VD Delete TITLE KINEL, JOHN NAME NAME 4532 ANDOVER WAY #106 STREET ADDRESS STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 altact/inent with an address, with all other like empowered. PRESIDENT

FILED

239) 530-414

2004 NOT-FOR-PROFIT CORPORATION DHE ANNUAL REPORT

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| DOCUMENT # N26836 1. Entity Name ANDOVER SQUARE I CONDOMINI INC. | UM ASSOCIATION, | | | |
| Principal Place of Business 4100 CORPORATE SQUARE 105 | Mailing Address 4100 CORPORATE SQUAR 105 | E | | |
| NAPLES, FL 34104 US | NAPLES, FL 34104 U | 5 | Mildian morbió de la casa esta está | na nang man sabilitan ing Jina d |
| 2. Principal Place of Business | 3. Mailing Address | | Part of the second | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 03312004 Chg-NP CR2 | 2E037 (10/03) |
| City & State | City & State | | 4. FEI Number 65-0072373 | Applied For Not Applicable |
| Zip Country | Zip | Country | 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 | | | | |
| ANCHOR ASSOCIATES, INC 4100 CORPORATE SQUARE #105 NAPLES, FL 34104 City FL Zip Code 8. The above named entity submits this statement or 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. | | | | |
| 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 | nt and title if applicable. (NOTE: Re | egistered Agent signature ren | quired when reinstating) DA | ATE. |
| Filing Fee is \$61.25 | 9. Election Camp | | The state of the s | heck payable to |
| Due by May 1, 2004 | Trust Fund Car | | | epartment of State |
| 10. OFFICERS AND D | | TITLE Æ | ADDITIONS/CHANGES TO OFFICERS AND | |
| NAME LUDWIG, JEANNE | ☐ Delete | unur lu | سومنا (د ۸ د ۲۰ | Change X Addition |
| STREET ADDRESS 4548 ANDOVER WAY #206 | | STREET ADDRESS A | 548 ANDONEZ WAY #301 | |
| CITY-ST-ZIP NAPLES, FL 34112 | | CITY-ST-ZIP | NAPLES TO 34112 | |
| TITLE D | ☐ Delete | li⊔t jr | ` | Change Addition |
| NAME, DOYLE, ROBERT | | NAME 1 | ACKENZIE, Richard 1556 ANDONER WAY # 20 NAPLES, FR 34112 | _ · · · · · · |
| STREET ADDRESS 4564 ANDOVED WAY #103 | | STREET ADDRESS | 556 ANDONER WAY # Zo | ł. |
| CITY-ST-ZIP NAPLES, FL 34112 | | CITY-ST-ZIP | NAPLES TO 34112 | |
| TITLE D | Delete | TITLE | P , | ☐ Change 🔭 Addition |
| NAME KARLSSON, LEE STREET ADDRESS 4588 AND OUER WAY #105 | | NAME: W | MALSH, MARCARET # 10 | 6 |
| STREET ADDRESS 4588 AND OUER WAY #105 CITY-ST-ZIP NAPLES, FL 34112 | | STREET ADDRESS 4 | NAPLET FL 3112 | |
| TITLE PD | / Date: | TITLE | NAPLES IL 33112 | Change Addition |
| NAME MESSINGER, CARL | ☐ Delete | NAME | | T. cuantas C. vocation |
| STREET ADDRESS 4556 ANDOVER WAY # 205 | / | STREET ADDRESS | | |
| CITY-ST-ZIP NAPLES, FL 34112 | | CITY+ST-ZIP | | |
| TITLE TD. | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME LAPLANTE, JOSEPH | | NAME | | |
| STREET ADDRESS 4588 ANDOVER WAY #301 | | STREET ADDRESS | | |
| CITY-ST-ZIP NAPLES, FL 24112 | · | CMY-ST-ZiP | · · · · · · · · · · · · · · · · · · · | |
| TITLE VD | ☐ Delete | TITLE | | Change Addition |
| NAME KINEL OHN STREET ADDRESS 4532 ANDOVER WAY #106 | | NAME | | |
| STREET ADDRESS 4532 ANDOVER WAY #106 CITY-ST-ZIP NAPLES, FL 34112 | • | STREET ADDRESS City-St-Zip | | |
| | dith this fillian doos and smalls for the | | in Duration 110 07/QV() Figure County 11 () | an analytical bank that the forest and |
| 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: | OR PRINTED NAME OF SIGNING OFFICER OF | NOTOTON. | Date | Daytime Phone # |