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

DOCUMENT # N42841

1. Entity Name



FILED Mar 10, 2003 8:00 am § Secretary of State

03-10-2003 90126 031 ****61.25

ATION, INC.	NO PHASE IWO P	HOPERTY OWNERS							
Principal Place of Business		Mailing Address							
C/O CORNETT. GEOGE ROSS & EARLE 401 E. OSCEOLA ST STUART FL 34994		C/O CORNETT. GEOG 401 E. OSCEOLA ST STUART FL 34994							
2. Principal Place of Business		3. Mailing Address		,,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0336377 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				· # ** ** ** *	7. Name and Address of New Registered Agent				
			Nam	е					
_	ROSS & EARLE PA		Stree	Street Address (P.O. Box Number is Not Acceptable)					
401 EAST OSCEOL	A ST								
STUART FL 34994			City	<u></u> -	FL Zip Code				
 The above named entitle the obligations of regis 	ity submits this statemen stered agent.	it for the purpose of changin	ng its registered office	or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE									
Signature, type	d or printed name of registered ag	ant and title if applicable.	(NOTE: Registered Agent sig	nature required v	when reinstating) DATE				

FILE NOW: FEE IS \$61.25		Election Campaign Financing Trust Fund Contribution.			S5.00 May Be Added to Fees Make Check Payable to Florida Department of St				
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, GEOFFREY 4150 SW SUN DOWN LANE PALM CITY FL 34990	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		**			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICARO, MARIA 5606 SW HONEY TER PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS COTY-ST-ZIP	,===		 	المناسبة والمناسبة المالية الد	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSHMAN, CRAIG 5654 SW MARTIN COMMONS WAY PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEWEY, MICHAEL 5003 SW MARTIN COMMONS WAY PALM CITY FL 34990	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO BERR 5403 PAL	LIOS, EDI SW MAI M CLTY	WIN RTIN PC	Com mons 34990	□ Change way	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASURE, RITA 4100 SW SUNDOWN LANE PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7/P				-	☐ Change	☐ Addition

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.

SIGNATURE:

972-221-1626