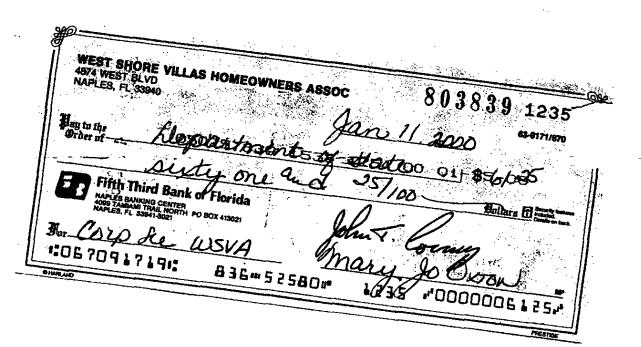
**2000 UNIFORM BUSINESS REPORT (UBR)** FILED **DOCUMENT # N48538** Aug 11, 2000 8:00 am Secretary of State 1. Entity Name WEST SHORE VILLAS OF NAPLES OWNERS' ASSOCIATION. 01-21-2000 90095 012 \*\*\*\*61 25 Principal Place of Business Mailing Address 4864 WEST BLVD. 4864 WEST BLVD. NAPLES FL 34103 NAPLES FL 34103 US 2. Principal Place of Business 3. Mailing Address 4862 West BIN 4862 WIST BIVD CT. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0336790 34103 Naple NAPICS Not Applicable Country <sup>Zio</sup> 34/03 \$8.75 Additional 5. Certificate of Status Desired Collux Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OKTON Street Address (P.O. Box Number is Not Acceptable) KAROLYN 4874 WEST-BLVD. West NAPLES FL 34103 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE COONEY, JOHN NAME NAME bowey, John APIES, EL. 34103 4864 JWEST BLVD. STREET ADDRESS STREET ADDRESS MAPLES FL 33949 CITY-ST-ZIP CITY-ST-ZIP D/P Change ☐ Addition TITLE TITLE Delete OXTON, DWIGHT NAME NAME RON-Meyer 4862-WEST BLVD. STREET ADDRESS STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP CiTY-ST-ZIP , FL 34103 D/T MARY JO OKTOR TITLE DΤ Delete ☐ Addition TITLE COONEY, KAROLYN 4862 West BIVD CT. NAPIES, EC 34103 NAME NAME 4864\_WEST BLVD. STREET ADDRESS STREET ADDRESS HAPLES FL 33940 CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE HOBGOOD, MOLLY MOLLY HOBGOOD NAME NAME WEST BIUD CT. 4868 WEST BLVD. STREET ADDRESS STREET ADDRESS NAPICS, FL 34103 10/1/2 NAPLES FL 33940 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SIMPLE IS COTTON

8/7/00 941-430-6583



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