2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # N9300000571 1. Entity Name THE VERANDAS AT TIGER ISLAND CONDOMINIUM III ASS 03-26-2001 90075 045 ****61.25 Principal Place of Business Mailing Address PANTHER TRAIL P.O. BOX 1723 MARCO ISLAND FL 34146 NAPLES FL 34113 HS 3. Mailing Address HORSESHOE 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State City & State 4. FEI Number Applied For 65-0495212 N APLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 4104 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable), 80.53 FANTHER TRAIL TORO, ADELE J 8063 PANTHER TRAIL #130 NAPLES FL 34113 APLES 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. ROBERT FLOOD, SELPETAPY SIGNATURE Stonature FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT D TOLE Delete IIII F Addition TORO, ADELE SUABASTY, JAMES NAME NAME 8013 PANTHER TRAIL #801 8063 PANTHER TRAIL #1301 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENTD NAPLES FL STD TITLE ☐ Delete TITLE Chance Addition SULLIVAN, WILLIAM SULLIVAN, WILLIAM NAME NAME 8063 PAWTHERTRAIL #1401 8063 PANTHER TRAIL #1401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-7IF NAPLES FL 34/13 SECRETARY TRADUCER D BYCHONGE FLOOD, ROBERT 8053 PANTHER TRALL # 1203 VD TITLE --- Delete ·TITLE Addition FLOOD, ROBERT NAME NAME STREET ADDRESS 8053 PANTHER TRAIL #1203 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-7IP NAPLES FL 341/3 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

LROBERST FLOOD

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR