2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # N95000005526 CLUB RAPHAEL AT PELICAN BAY CONDOMINIUM ASSOCIAT 05-16-2000 90069 024 ****61.25 Principal Place of Business Mailing Address C/O WOODWARD, PIRES C/O WOODWARD, PIRES 801 LAUREL OAK DR., # 710 901 LAUREL OAK DR., # 710 NAPLES FL 34108-2707 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 65-0678492 Not Applicable Zìp Country Zip Country \$8.75 Additional 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) WOODWARD, MARK J ESQ. WOODWARD, PIRES & LOMBARDO, PA 801 LAUREL OAK DR, SUITE 710 City Zip Code NAPLES FL 34108 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$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 11. 10. dst X Change ☐ Addition TITLE Delete TITLE DINARDO, ANTHONY NAME NAME STREET ADDRESS 3470 Club Center Blvd. STREET ADDRESS 4001 N. TAMIAMI TRL., STE. 350 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Naples, FL ☐ Addition Change Ch TITLE ☐ Delete TITLE PARISI, JOSEPH L. NAME NAME 3470 Club Center Blvd. 4001 TAMIAMI TRAIL N, SUITE 350 STREET ADDRESS STREET ADDRESS Naples, FL CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Delete TITLE ■ Change ☐ Addition TITLE RIEGELHAUPT, RHEA NAME NAME 3470 Club Center Blvd. STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TR. N., STE. 350 CITY-ST-ZIP Naples, FL 34114 CITY-ST-ZIP NAPLES FL 34103 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/23/00

732-9400

Daytime Phone #

☐ Change

☐ Addition