2003 NOT-FOR-PROFIT CORPORATION

Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9700002827 1. Entity Name 04-17-2003 90207 034 ****61.25 TERRACE I AT STONEYBROOK ASSOCIATION, INC. Principal Place of Business Mailing Address GULF COAST MOMT SVCS INC GULP COAST MONT SYGS INC 19980 AMBERWOOD RD STE 4 16000 AMBERWOOD RO STE 4 FT MEYERS FL 34135 T-MEYERS FL 34135 `☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0758846 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HAYDEN. KEN-**CULF-COAST MGMT-SVOS** 10060-AMBERWOOD RD #4 FT-MEYERS FL-34135 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia 8. The above named entity submits this stay the obligations of registered agent. SIGNATURE stered agent and title if applicable Signature, typed or printed name of 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. <u> 1750 -</u> ☐ Addition ☐ Delete TIT! F TITLE KING, JOHN NAME NAME 7505 STANEYBROWN DR ≠723 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34T12 Addition STD Change ☐ Delete TITLE LYNCH, WILLIAM NAME NAME 7505 STONEYBROCK DR #718 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 TITLE ☐ Delete Change Addition NAME FREIBERG, PAUL NAME 7505 STONEYBROOK DRIVE, #734 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Addition TITLE ☐ Delete 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 CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED