2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 10, 2002 8:00 am
Secretary of State
05-20-2002 90020 040 ****61.25

DOCUMENT # N97000004260

1. Entity Name

BOYNE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18100 ROYAL TREE PARKWAY NAPLES FL 34114	18100 ROYAL TREE PARKWAY NAPLES FL 34114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3514643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRANGE, AMY K
18100 ROYAL TREE PKWY
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name RSM McGladrey Inc.
Street Address (P.O. Box Number is Not Acceptable) 600 Fifth Ave. South, #212
City Naples FL Zip Code 34102

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 Amy K Prange 4-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRANGE, AMY K 6555 SANDALWOOD LANE NAPLES FL 34109	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ERICKSON, WILLIAM C 1250 TAMIAMI TR N #302 NAPLES FL 34102	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKARVICH, CHRISTA L 18100 ROYAL TREE PARKWAY NAPLES FL 34114	☒ Delete	D Stephen Kircher Boyne Mt. Rd. Boyne Falls, MI. 49713	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Ed Dembeck Boyne Mt. Rd. Boyne Falls, MI. 49713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Amy K Prange REQUIRED Amy Prange 4/10/02 (941)263-28(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #