2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N97000005327** Apr 25, 2000 8:00 am Secretary of State GLENEAGLES AT PELICAN SOUND NEIGHBORHOOD ASSOCIA 04-25-2000 90076 023 ****61.25 Principal Place of Business Mailing Address 24301 WALDEN CENTER DR., STE. 300 24301 WALDEN CENTER DR., STE. 300 BONITA SPRINGS FL 34134-4920 BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address 9709 BU Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3474304 APLES Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ohen Street Address (P.O. Box Number is HASTINGS, VIVIEN N 24301 WALDEN CENTER DR., STE. 300 EMST **BONITA SPRINGS FL 34134** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **X X** ddition **Delete** TITLE TITLE DP Kenneth W. Hayden NAME FLINN, MILTON G NAME 24301 Walden Center Drive STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300 Bonita SPrings, Fl. 34134 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Addition ☐ Change DVS TITLE Delete TITLE DT **BLAIR. YVONNE** Dustin Travis NAME NAME STREET ADDRESS 24301 Walden Center Drive STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300 CITY-ST-7IP CITY-ST-ZIP Bonita Springs, F1. **BONITA SPRINGS FL 34134** ☐ Change 🔀 Addition TITLE DVS TITLE ŊΤ Delete Robert Muller GUIDO, PHILIP NAME NAME 24301 Walden Center Drive STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300 34134 Bonita SPrings, FL. CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like changed, or on an attachment 3*-≥∞*०

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP