2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N98000001201 Jun 08, 2000 8:00 am Secretary of State TERRACE II AT LAKESIDE GREENS ASSOCIATION, INC. 06-08-2000 90038 044 ****61.25 Principal Place of Business Mailing Address 10491 SIX MILE CYPRESS PARKWAY 10491 SIX MILE CYPRESS PARKWAY SUITE 101 SUITE 101 FORT MYERS FL 33912 FORT MYERS FL 33912-6406 2. Principal Place of Business 3. Mailing Address 0060 10050 DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0825022 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent. Name and Address of Current Registered Ag Name SHIELDS, CHRISTOPHER J 4833 HENDRY STREET FORT MYERS FL 33001 or both, in the state of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered age SIGNATURE 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$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 10. 11. **☑** Delete TITLE TITLE NAME NAME GRIMES, JOSEPH STREET ADDRESS STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY #101 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 Delete ☐ Addition Change TITLE TITLE MCMURRAY, DARIN NAME STREET ADDRESS STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY #101 8096 Quee CITY-ST-ZIP -CITY-ST-7IP FORT MYERS FL 33912 ☑ Delete ☐ Addition TITLE TITLE NAME BURNS, ALAN R NAME STREET ADDRESS STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY #101 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 wit

SIGNATURE

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