2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 AM
Secretary of State

DOCUMENT# N98000005560

Entity Name: SECLUDED GARDENS OF KEY WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

218 WHITEHEAD ST.
KEY WEST, FL 33040

New Principal Place of Business:

1217 MARGARET STREET
KEY WEST, FL 33040

Current Mailing Address:

218 WHITEHEAD ST.
KEY WEST, FL 33040

New Mailing Address:

PO BOX 1324
KEY WEST, FL 33040

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, JOHN R III
100 SE 2ND ST., SUITE 3350
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARKUS, LAURA
Address: 218 WHITEHEAD ST.
City-St-Zip: KEY WEST, FL 33040

Title: VTD ( ) Delete
Name: MARKUS, DONALD
Address: 218 WHITEHEAD ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: DEMCHAK, MICHAEL
Address: 218 WHITEHEAD ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POLLEY, CHUCK
Address: 1217 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040

Title: VTD (X) Change ( ) Addition
Name: STICHT, MARK
Address: 1219 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change ( ) Addition
Name: HELLENS, PAUL
Address: 909 UNITED ST.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK POLLEY PD 04/09/2002

Electronic Signature of Signing Officer or Director — Date