2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2002 8:00 am Secretary of State DOCUMENT # N98000007188 1. Entity Name SCIBC NORTH LAND CONDOMINIUM ASSOCIATION, INC. 04-22-2002 90245 020 ****61.25 Principal Place of Business Mailing Address 635 SOUTH ORANGE AVENUE #16 635 SOUTH ORANGE AVENUE #16 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address .31 S.Nokomis Ave.#A 231 S. Nokomis Aue. #A Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0888856 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 上(ic Strammer ddress (P.O. Box Number is Not Acceptable) RICHARDSON, ROBERT A 635 SOUTH ORANGE AVENUE #16 SARASOTA FL 34236 lenice 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ... Delete (9/01) TITLE TITLE Change ☐ Addition charles E. Koch KOCH, CHARLES E NAME NAME 436 Bayshore Drive STREET ADDRESS 436 BAYSHORE DRIVE STREET ADDRESS Venice, FL 34285 CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition obert Smetts STRAMMER, FREDERICK L NAME NAME 101 Pond Cypress Road 2210 CASEY KEY ROAD STREET ADDRESS STREET ADDRESS CITY_ST_ZIP_ NOKOMIS:FL:34275 CITY-ST-ZIE-Kenice-F Delete Change TITLE TITLE ☐ Addition Eric E, Strammer 231 S. Nokomis Ave., Ste. A RICHARDSON, ROBERT A NAME NAME 635 SOUTH ORANGE AVENUE #16 STREET ADDRESS STREET ADDRESS Venice, FL 34285 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Delete DIP Change TITLE TITLE ☐ Addition Byron Harrison HARRISON, BRYAN NAME NAME 1482 Keyway Road STREET ADDRESS 1482 KEYWAY ROAD STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP Englewood, TITLE TITLE ☐ Delete Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of irugitee 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 properties.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO