2000 UNIFORM BUSINESS REPORT (UBR) 768391 FILED OCUMENT# Mar 31, 2000 8:00 am NACHTS MANS COVE CONDOMINIUM ASSOCIATION, INC. **Secretary of State** 03-31-2000 90062 039 \*\*\*\*61.25 Mailing Address micipal Place of Business The Management Connection, Inc The Management Connection, Inc 8270 College Parkway, Suite 103 8270 College Parkway, Suite 103 Fort Myers, Florida 33919 Fort Myers, Florida 33919 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2489698 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7 Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREDEN, ARLENE A. c/o the MANAGEMENT CONNECTION, INC 8270 COLLEGE PKWY #103 FORT MYERS, FL. 33919 Zip Code City The above narged entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. ्र के नवह क्षेत्रकेत्र में तिराज्ये हुन्द्रिय नवार के <mark>के स्</mark>राह्मिक 9. Election Campaign Financing FILE NOW: 是读述。 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Defete TITLE PigmAN, STUART 15371 TRANSIT COURT # 703 NAME STREET ADDRESS N. FORT MYERS, FL 33917 CITY-ST-ZIP THOMP SON, RUN ☐ Delete TITLE 15430 MOENRAKER COUR+#500 NAME STREET ADDRESS N. FORT MYERS, FL 33917 CITY-ST-ZIP ST-ZIP ☐ Change Addition To-- Delete TITLE HALL, DON 15390 MOONRAKER COURT #403 NAME STREET ADDRESS CITY-ST-ZIP ST-210 N. FORT MYERS, FL 33917 ☐ Change Addition 🖳 ☐ Delete TITLE SO JOHNSON, KENNETH NAME 15370 TRANSIT COURT # 105 STREET ADDRESS FORT MYERS . FL 33917 CITY-ST-ZIP CT 710 Change Addition ☐ Delete TITLE WENT WORTH, BILL 15350 MOUNRAKER COURT #302 NAME STREET ADDRESS CITY-ST-ZIP N. FORT MYERS, FL Change Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR