2001 UNIFORM BUSINESS REPORT (UBR) FILED N93000005235 DOCUMENT # Feb 01, 2001 8:00 am 1. Entity Name Secretary of State SILVER LAKEG-GATEWAY NOMEOWNERS ASSOCIATION. INC. 02-01-2001 90191 018 ****61.25 Principal Place of Business Mailing Address A0018470 2. Principal Place of Business 3. Mailing Address SIWERLAKES AT GATEWAY GO MMI OF THE GULF COAST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 13035 LAKELAND HZ AUG CIECLE 14275 SW City & State City & State Applied For 4. FEI Number 65-0508210 FT. MYERS MIAMI Not Applicable Country \$8.75 Additional 43913 33186 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDERSON & FRANKLIN ATTORNEYS AT LAW Street Address (P.O. Box Number is Not Acceptable)

CO RANDAU J. CONEM, ESO. 1715 MONDOR STREET City FT. MYERS -3072 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. RANDALL COUGH (NOTE: Registered Agent signature required when reinstating) FILE NOW 9. Election Campaign Financing Make Check Payable to \$5.00 May Be HEE IS CONTROL Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TIT? F Delete TITLE Change Addition MCCHESNEY, UNLERIE NAME PERSICUILLI, TONG NAME 12631 WESTLINKS DR., UNIT! STREET ADDRESS STREET ADDRESS 13891 JET PORT LOOP - SUITE 9 CITY-ST-ZIP ET. MYERG, FL 33913 CITY-ST-ZIP FT. MYERY, FL. 33913 TITLE Change Delete TITLE ☐ Addition DRUMM, TOM HAWRYSKO, JUDITY M. NAME MAME STREET ADDRESS 13891 JET PORT LOOP - SUITE 9 11109 LAKELAND CIECLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. MYLES, FL 33913 FT. MYERS, FL 33913 TITLE DT Delete ☐ Change Addition CAMPBELL, KEN NAME NIVER, WILLIAM 11264 LAKELAND CIRCLE STREET ADDRESS 11123 LAKELAND CIRCLE STREET ADDRESS CITY-ST-ZIP FT. MUERS, FL. 33913 CITY-ST-ZIP FT. MYERS, FL 33913 DŪ TITLE ☐ Delete TITLE ☐ Change Addition LEVIN, KERRY NAME NAME STREET ADDRESS 11139 LAKELAND CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fr. MYERS, FL ☐ Delete TITLE DΡ ☐ Change Addition MOGG, ENGENE NAME NAME STREET ADDRESS 13101 LAKELAND CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS, FL 33913 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 papter 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

NG OFFICER OF DIRECTOR

Daytime Phone #

SIGNATURE: