2001 UNIFORM BUSINESS REPORT (UBR) Mar 27, 2001 8:00 am DOCUMENT # N97000004217 **Secretary of State** 1. Entity Name 03-27-2001 90030 002 ****61.25 BOLLETTIERI RESORT VILLAS CONDOMINIUM ASSOCIATIO Principal Place of Business Mailing Address 5500 34 STREET WEST 2055 WOOD STREET **BRADENTON FL 34210** SUITE 202 SARASOTA FL 34237 2. Principal Place of Business 1749 NonTH6 3. Mailing Address NONTHGATE RLVD. 1749 NORTHGATE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL 65-0777863 SARASOTA SARASUTA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SMLASUTA 34234 SXXXSOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID LISTON Street Address (P.O. Box Number is Not Acceptable) HOWES, ALAN 2055 WOOD STREET, SUITE 202 SARASOTA FL 34237 Zip Code 34234 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 **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition BREUNICH, GREG NAME NAME 5500 34TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34210** TŜD TITLE ☐ Delete TITLE ☐ Change Addition MEEKMA, TED NAME NAME 5500 34TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-7IP BRADENTON FL 34210 -CITY-ST-ZIP... Addition TITLE 🛣 Delete TITLE □ Change MERRILL, JOHN NAME NAME MARIA DEFRANCISCO 5500 34TH STREET WEST STREET ADDRESS STREET ADDRESS 3701 54 DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** BRADENTON Delete TITLE ☐ Change ☐ Addition TITLE

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 sustee 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 attach

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

GREG BREUNICH

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURI

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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