2002 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # **N96000004494** 1. Entity Name THE SUMMIT AT TOPS'L OWNERS ASSOCIATION, INC. 05-15-2002 90020 018 ****61.25 Principal Place of Business Mailing Address 515 TOPS'1 BCH BLVD 9001 HIGHWAY 98 W DESTIN FL 32550 DESTIN FL 32550 2. Principal Place of Business 3. Mailing Address same same Suite Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3406281 same Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32550 Walton 32550 Fee Required Walton 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLEAT DAVID B Street Address (P.O.:Box:Number is Not Acceptable) 4477 LEGENDARY DR STE 202 DESTIN FL 32541 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE (9/01) ☐ Addition ☐ Change LANNING, WILLIAM J NAME LANNING, WILLIAM D. NAME 217N N BLUE HERON DR STREET ADDRESS STREET ADDRESS **CR2E037** SANTA ROSA BEACH FL CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SETTON, CHARLES NAME NAME SETTOON, CHARLES 5321 TOBY LANE STREET ADDRESS STREET ADDRESS KENNER LA 70065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition Cannon...James : NAME 3001 MELODY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Nashville tn 37214 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition HUGHES. RICHARD 701 MARKET ST., STE 1510 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ST LOUIS MO 63101** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **ERWIN, JOSEPH** NAME NAME 1911 MYSTIC HILLS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILFORD MI CITY-ST-ZIP TITLE Delete TITLE X Change ☐ Addition Director FAULKNER, CANDY NAME NAME 11615 SEAFAN COURT Diane Dietz STREET ADDRESS STREET ADDRESS INDIANAPOLIS IN 43236 615 Alvarado CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF NOER RDIRECTORWILLIAM D. LANMING