2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37091

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State
03-10-2003 90162 022 ****61.25

NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 NAME STREET ADDRESS CITY-ST-ZIP OTTER NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	THE CO	Loniës at berkshire lak , inc.	ES CONDOMINIUM AS	so 🎉		05 10 2005 5010	<i>J2 022</i> 0	.1.23
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City & State Country Zip Country Zip Country Signature 6. Name and Address of Currant Registered Agent Name State Address (PO. Box Number is Not Acceptable) State Addre	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country Zip Country S. Certification of Status Depired SA. 75 Additional Fee Required S. S. Certification of Status Depired SA. 75 Additional Fee Required S. S. Certification of Status Depired SA. 75 Additional Fee Required Status St	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF M	AKING CHANGI	ES
A. Name and Address of Current Registered Agent: St. / St. / LAVINSET, JAMES 4100 CORPORATE SQUARE SUITE 105 NAPLES R. 34104 City FL. Zip Code 8. Tree Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL. Zip Code City FL. Zip Code City FL. Zip Code 8. Tree Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL. Zip Code 8. Tree Address of registered agent, or both, in the State of Florida. I am familiar, with, and acceptable to the obligations of registered agent and title inspiredule The Now: FEE IS \$61.25 9. Excition Campaign Financing Trust Fund Contribution. Define MILE MCINTYRE, JIM MCINTYRE, MCINTYRE MCINTYRE, MCINTYRE MCINTYRE, MCINT	City & State		City & State		_	4. FEI Number 65-0188554		
S. Name and Address of Current Registered Agent S. K. S. K. S. K. S. K. S. K. S. V. S. V.	Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75	Additional
SKET JAMPE ST. 34104 B. The above named writing submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of the obligation of the obligation of registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligation of the		6. Name and Address of Currer	It Registered Agent	- columnia		7 : Name and Address of Naw Paglet	•	
Street Address (PO. Box Number is Not Acceptable) City City City City City FL Zip Code City	5					7. Name and Address of New Regist	ered Agent	
Street Address (PO. Box Number is Not Acceptable) City City City City City FL Zip Code City	LAVINE	AT. JAMES						
Addition NAPLES FL 34104 City FL Zip Code 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. I am familiar, with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS TILE MAKE MID TILE MAKE STRET ADDRESS STRET ADDRE	4100 CC	DRPORATE SQUARE		Street	Address (P	P.O. Box Number is Not Acceptable)		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent. SIGNATURE Signature, types or unread reacted agent and title if expirature. (NOTE Registered agent, or both, in the State of Florida. I am familiar, with, and accept the obligations of registered agent. Signature, types or unread reacted agent and title if expirature. (NOTE Registered Agent algorithm received) Description State Signature, types or unread reacted registered agent. In the State of Florida. I am familiar, with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accept the the obligations of registered agent. In the State of Florida Department of State					- <u></u>			
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/29(i) Florido Statutos Liferthan activities in the control of the control				ĺ				ļ

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. SAMUEL

SIGNATURE:

BENDFF

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