| TREASURE ISLAND, FL 33706 US | | | | |
|--|--|-----------------|--|------|
| FEI Number: 59-1840145 | | | Certificate of Status Desired | : No |
| Name and Address of Current Registered Agent: | | | | |
| LAMONT, SUE 250 104TH AVE TREASURE ISLAND, FL 33706 US | | | | |
| 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: | | | | |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | S/T | Title | Р | |
| Name | KUMMER, FRED | Name | GILLEN, MARK | |
| Address | C/O LAMONT MANAGEMENT, INC. 250 104TH AVE | Address | C/O LAMONT MANAGEMENT, INC. 250 104TH AVE | |
| City-State-Zip: | TREASURE ISLAND FL 33706 | City-State-Zip: | TREASURE ISLAND FL 33706 | |
| Title | VP | | | |
| Name | PRICE, MARK | | | |
| Address | C/O LAMONT MANAGEMENT, INC. 250 104TH AVE | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: MARK GILLEN

City-State-Zip: TREASURE ISLAND FL 33706

Electronic Signature of Signing Officer/Director Detail

Entity Name: POINTE CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

184 117TH AVE TREASURE ISLAND, FL 33706

DOCUMENT# 743761

Current Mailing Address:

C/O LAMONT MANAGEMENT, INC. 250 104TH AVE

FILED Feb 25, 2014 **Secretary of State** CC4830305434

02/25/2014 Date