2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # 703200 1. Entity Name OCEAN TERRACE CONDOMINIUM ASSOCIATION OF NAPLES, 03-15-2000 90057 030 ****61.25 Principal Place of Business Mailing Address 1500 GULF SHORE BLVD.N. 1500 GULF SHORE BLVD.N. NAPLES FL 34102 NAPLES FL 34102-4992 1.0057631 2. Principal Place of Business 3. Mailing Address 1250 TAMIAMI TRAIL NORTH Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 59-1160697 Not Applicable NAPLES, FL Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34102 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONGILLO & KRAUSE, LLP Street Address (P.O. Box Number is Not Acceptable) MYERS, BRETHOLTZ & LI P 1400 GULF SHORE BLVD. NORTH 1250 TAMIAMI TRAIL NORTH #211 SUITE #123 NAPLES FL 34102 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition Change STD **∑** Delete TITLE STD TITLE HYKE, CHARLES NAME NAME HYKE, SHIRLEY **CR2E037** STREET ADDRESS STREET ADDRESS 1500 GULFSHORE BLVD NO 1500 GULFSHORE BLVD NO CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 NAPLES FL 34102 ☐ Addition Change TITLE Delete TITLE althaus, Myron NAME NAME STREET ADDRESS STREET ADDRESS 1500 GULFHSORE BLVD N. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Change ☐ Addition ☐ Delete TITLE TITLE OUSTERHOUT, DONNA NAME NAME STREET ADDRESS 1500 GULFSHORE BLVD NO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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 OFFICER OR DIRECTOR Daylor Phone #