2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 26, 2002 8:00 am 3 Secretary of State DOCUMENT # 713951 PALM LAKE ASSOCIATION, INC. 02-26-2002 90160 025 ****61.25 Principal Place of Business Mailing Address 214 PALM LAKE DR. 214 PALM LAKE DR SANIBEL FL 33957 SANIBEL FL 33957 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1259550 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEIER, CARL 214 PALM LAKE DRIVE SANIBEL FL 33957 Zip Code FL 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 \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME JURA, ROBERT NAME STREET ADDRESS STREET ADORESS 223 PALM LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 P : ☐ Addition TITLE Delete TITLE Change MCLEAN, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 283 PALM LAKE DRIVE CITY-ST-ZIP CITY:ST:ZIP SANIBEL FL 33957 ☐ Delete TITLE Change ☐ Addition TITLE GOETZINGER, JOHN NAME NAME STREET ADDRESS 250 PALM LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Sanibel FL 33957 ☐ Delete Change ☐ Addition Cerretani. Lawrence NAME STREET ADDRESS STREET ADDRESS 220 PALM LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete TITLE Change ☐ Addition MEIER: CARL F. NAME STREET ADDRESS STREET ADDRESS 214 PALM LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP Sanibel FL 33957 TITLE TITLE Change ☐ Addition ☐ Delete NAME DAVIS, MARION NAME

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.

STREET ADDRESS

CITY-ST-ZIP

231 PALM LAKE DRIVE

SANIBEL FL

STREET ADDRESS

CITY-ST-ZIP

Date

Daytime Phone #