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

Jan 09, 2003 8:00 am **Secretary of State DOCUMENT # 721097** 1. Entity Name 01-09-2003 90119 016 ****61 25 BONEFISH TOWERS CONDOMINIUM, INC. Principal Place of Business Mailing Address 2000 COCO PLUM DRIVE 2000 COCO PLUM DRIVE MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1641175 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF P.A. Street Address (P.O. Box Number is Not Acceptable) 6161 BLUE LAGOON DR. STE. 250 MIAMI FL 33126 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE XX Delete TITLE ☐ Change Addition 8 NETHERY, GENE NAME KANE, KENNETH NAME STREET ADDRESS 2000 COCO PLUM DR #1004 STREET ADDRESS 45860 6. MEADOWS GILLLE E037 CITY-ST-ZIP MARATHON FL 33050 CITY-ST-7IP MACOMB TUP., MI 42044 VP TITLE ☐ Delete TITLE ☐ Change **Addition BOUCHARD, PAUL** NAME VANECEK, POBERT NAME STREET ADDRESS 2365 BROOKS!DE WAY 132 KRISTIE LANE STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP TYRONG, GA 30290 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANT, JOHN NAME STREET ADDRESS 2000 COCO PLUM DR #305 STREET ADDRESS CITY-ST-7IP MARATHON FL 33050 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME GALLENA, JOHN NAME 2000 COCO PLUM DR #702 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ATWOOD, ALICE NAME NAME STREET ADDRESS 3382 CAISEWAY BLVD NE #401 STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition PRESUTTI. TONY NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

2000 COCO PLUM DR #804

MARATHON FL 33050

305-229-0488

FILED