2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 726371 May 04, 2000 8:00 am 1. Entity Name Secretary of State POINTE WEST CONDOMINIUM ASSOCIATION, INC. 03-16-2000 90068 014 ****61.25 Principal Place of Business Mailing Address 11945 PARADISE POINTE WAY 11945 PARADISE POINTE WAY NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654-1628 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1709341 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) REINHART, DEBRA C/O RESOURCE MANAGEMENT. INC. 103 CLEVELAND AVE. SW City Zip Code **LARGO FL 33770** 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 FILE NOW: Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6)RRES. D TITLE ☐ Change TITLE Delete PATRICIF WILKINS KILCOIN, GERRY NAME 11945 PARADISE POINTE WAY 11945 PARADISE POINT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **NEW PORT RICHEY FL** CITY+ST-ZIP NEW PORT RICHEY FL. V. PRES. Addition TITLE ☐ Change TITLE 🔽 Delete PHYLLIS GEAKE 11945-PARADISE POINTE WAY NAME DAHL, MARION NAME 11945 PARADISE POINTE WAY STREET ADORESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL CITY-ST-7IP NEW PORT RICHEY FL PD ~ Delete ~ TITLE Change Addition 7FTLE TREAS. SAMVAL ADCOCK 11945 PARADISE POINTE WAY SCARABINO, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 11945 PARADISE POINTE WAY NEW PORT RICHEY FL CITY-ST-ZIP CITY-ST-7IP NEW PORT RICHEY FL SEC.D MARION DAHL 11945 PARA DISE POINTE WAY Addition Delete TITLE ☐ Change TITLE GEAKE, PHYLLIS NAME NAME STREET ADORESS STREET ADDRESS 11945 PARADISE POINTE WAY NEW PORT RICHEY FL CITY-ST-ZIP CITY-ST-7IP **NEW PORT RICHEY FL 34654** DIRECTOR ☐ Change ☐ Addition ARTHUR GAT 11945 PARSDISE POINTE WAY 🔽 Celete TITLE TITE F allen, J P NAME NAME STREET ADDRESS 11945 PARADISE POINTE WAY STREET ADORESS IEW PORTRICHEY FL. CITY - ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: