2003 NOT-FOR-PROFIT CORPORATION

Apr 07, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 730080 04-07-2003 90739 025 ****61 25 VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION Mailing Address 810B PINEBROOK RD KEYS-CALDWELL, INC. C/O CAPRI PROPERTY MANAGEMENT INC 1747 S. TAMIAMI TRAIL, STE. 223 CE FL 34292 VENICE, FLORIDa 34293 3. Mailipg Addres CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 59-1552715 Not Applicable Zip Country Country \$8.75 Additional 5.=Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPRI PORPERTY MANAGEMENT, INC (P.O. Box Number is Not Acceptable) 810B PINEBROOK RD VENICE FL 34292 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 of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD TITLE Delete TITLE □ Change Grodzicki, Gar. WELSH, ROB NAME NAME 908 VILLAS DRIVE # 73 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP Vennce FL 34285 ☐ Delete TITLE TITLE ESPOSTI, MARCELLO NAME NAME 908 VILLAS DRIVE 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP VENICE FL 34285 FC-34285 Addition ☐ Delete ☐ Change TITLE ROWDEN, MARES TITLE schwarze John NAME NAME STREET ADDRESS 908 VILLAS DR #9 STREET ADDRESS 908 Villas Dr. # 2 CITY-ST-ZIP VENICE FL 34285 CITY-ST-7IP Change TITLE Delete TITLE ■ Addition Vail, Kevin ORENDORFF, LOUIS NAME NAME 908 Villes Dr. #7 STREET ADDRESS 908 VILLAS DRIVE # 73 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 <u>enice Fl</u> Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 908 Villas Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

941-408-8293