2002 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2002 8:00 am Secretary of State **DOCUMENT # 731242** 1. Entity Name 04-16-2002 90127 045 ****61.25 MDIAN SPRINGS CONDOMINIUMS, INC. Principal Place of Business Mailing Address C/O STERLING MANAGEMENT C/O STERLING MANAGEMENT 2890 SCHERER DR #840 2880 SCHERER DR #840 SAINT PETERSBURG FL 33716 SAINT PETERSBURG FL 33716 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 59-1677313 Not Applicable Zio 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. Street Address (P.O. Box Number is Not Acceptable) STOOPS, MARK 2880 SCHERER DRIVE #840 AUSHURE SAINT PETERSBURG FL 33716 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 ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete ☐ Change Addition TORELLI, LOUIS NAME NAME STREET ADDRESS 14800 WALSINGHAM RD #217 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 34644 STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEWITT, ROD NAME NAME 14800 WALSINGHAM RD #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition TUFTS, THOMAS NAME NAME STREET ADDRESS 14800 WALSINGHAM RD #712 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 ☐ Delete TITLE ☐ Change ☐ Addition Martin, Thomas NAME STREET ADDRESS 14800 WALSINGHAM RD #217 STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME ngham Rd # 611 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A290, F 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 add

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

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