FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am § Secretary of State **DOCUMENT # 734952** 1. Entity Name 05-16-2001 90414 038 ****61.25 THE VILLAS AT INDIAN RIVER PROPERTY OWNERS ASSOC Mailing Address Principal Place of Business 2590 VIA VITTORIA CT. P O BOX 541118 MERRITT ISLAND FL 32954-1118 00054963 MERRITT ISLAND FL 32953 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 NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) LASSONDE, PAUL 2580 VIA VITTORIA CT. **MERRITT ISLAND FL 32953** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete ALLEN, BRIAN NAME NAME 2585 VIA VITTORIA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE KELLY, TIM NAME NAME 2510 VIA VITTORIA CT. STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition FELLOWS, SARAH NAME NAME 2520 VIA VITTORIA CT. STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition LASSONDE, PAUL NAME NAME 2580 VIA VITTORIA CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ARTHUR, ROBERT NAME NAME 2545 VIA VITTORIA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCCLANNAHAN, KRISTYN NAME NAME 406 VIA VALENCIA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP

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.