2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 28, 2002 8:00 am § Secretary of State **DOCUMENT # 734952** 1. Entity Name THE VILLAS AT INDIAN RIVER PROPERTY OWNERS ASSOC 05-28-2002 91764 047 ****61.25 IATION, INC. Principal Place of Business Mailing Address 2580 VIA VITTORIA CT. P O BOX 541118 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32954-1118 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 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 Name LASSONDE, PAUL Street Address (P.O. Box Number is Not Acceptable) 2580 VIA VITTORIA CT. **MERRITT ISLAND FL 32953** City Zip Code 8. The above named entity eutomits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE Change Addition ALLEN, BRIAN JANINA ALLEN 2585 VIA VITTORIA CT NAME NAME 2585 VIA VITTORIA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP MERRITT ISCAND TITLE Delete TITLE Change ☐ Addition KELLY, TIM NAME NAME STREET ADDRESS 2510 VIA VITTORIA CT. STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FELLOWS SARAH NAME NAME 2520 VIA VITTORIA CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LASSONDE, PAUL NAME NAME 2580 VIA VITTORIA CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition arthur, robert NAME NAME STREET ADDRESS 2545 VIA VITTORIA CT STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MCCLANNAHAN, KRISTYN NAME **406 VIA VALENCIA CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953

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.

CITY-ST-ZIP

SIGNATURE: