2003 NOT-FOR-PROFIT CORPORATION

Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 739414 1. Entity Name 04-25-2003 90319 014 ****61.25 CORAL DEL RIO II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4104 S.E. 18TH AVENUE % ERA-HERITAGE REALTY, INC. CAPE CORAL FL 33904 4226 DEL PRADO BLVD. CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1743368 Not Applicable Zip 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 Name PIERCE, LLAMARIE Street Address (P.O. Box Number is Not Acceptable) 4226 DEL PRADO BLVD CAPE CORAL FL 33904 City Zip Code 3, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 10 11. 🗹 Delete D Robert Cook TITLE TITLE X Change Addition REID, ROBERT NAME NAME 1732 SE 40th. Terr. STREET ADDRESS 4104 SE 18TH AVENUE #2-C STREET ADDRESS Cape Coral, Fl. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete Qualames Anderson X Change TOWNSHEND. CAROLYN NAME NAME 1807 SE 40th. Taff. STREET ADDRESS STREET ADDRESS 4104 SE 18TH AVE Cape-Coral, F1. -33904 -CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE O'BRIEN, EUGENE NAME NAME ıc STREET ADDRESS 4104 SE 18TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL PD Delete ☐ Change ☐ Addition NAME TROMETER, AUGUST NAME STREET ADDRESS 4104 SE 18TH AVENUE # 1D STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NICHOLS, WILLIAM NAME NAME 1807 SE 41ST STREET # 1-G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IP Delete ☐ Change Addition TITLE

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. changed, or on an attachme with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

MCNAMARA, GEORGE

CAPE CORAL FL 33904

1807 SE 41ST., #1-i