2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 742624** 1. Entity Name THE OAKS OF TARPON WOODS, INC.

FILED Mar 27, 2002 8:00 am Secretary of State 03-27-2002 90024 034 ****61.25

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Principal Plac	g Address											
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2. Principal Place of Business		3. Maili	3. Mailing Address									
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
' City & State		City	City & State			4. FEI Number 59-1985913			<u> </u>	oplied For ot Applicable	-	
Zip Country			Zip C		Country		5. Certificate of Status Desired See Required					1
	6. Name and Address of Curr	rent Registered	d Agent	l			7. Name and A	dress of New R	legistered A	gent		
	- 00 00	• • .	. da e se periodica	t "	Name] '
RM-NORI	ES MANAGEMENT INC				Street A	Address (F	P.O. Box Number i	s Not Acceptable	e)			1
	WARD PASSAGE				<u> </u>			- ,		·		┨
STE F	***************************************											1
CLEARWATER FL 33767			City						FL	Zip Cod	е	
8. The above	named entity submits this stateme	nt for the purpo	ose of changing its	register	ed office o	r registere	ed agent, or both,	in the state of Flo	orida.			1
												}
SIGNATURE												
SIGNATURE,	Signature, typed or printed name of registered a	agent and title if appli	icable. (NOTI	E: Registere	ed Agent signat	ture required	when reinstating)		DATE			
												1
+ 1	FILE NOW: FEE IS \$61.25		9. Election Car				\$5.00 May Be	Ma	ke Check	Payable	to	1
		1	Trust Fund C									
		İ	rrust Fund C	ontribut	ion.		Added to Fees		epartmen	t of State	•	
	OFFICERS AND	D DIRECTORS	Trust Fund C									4
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10.	 	D DIRECTORS		11.	E	DP	ADDITIONS/CHAN	GES TO OFFICE	RS AND DIR		J 10	7 (9/01)
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10. ** TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNSON, PAUL 1000 TARPON WOODS BLVD PALM HARBOR FL VPD NIDA, RICHARD J	., #603	Delete	11. TITLE NAM STRE CITY TITLE	E IE EET ADDRESS '-ST-ZIP =	DP Jose 1000	EPH C. LOTARPOA	GES TO OFFICE ONGO WOOD	RS AND DIR	ECTORS IN Change	Addition	CR2E037 (9/01)
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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 otherwise empowered.

Daytime Phone #