2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 744141 Apr 26, 2001 8:00 am Secretary of State 1. Entity Name EAST TAKE WOODLANDS CONDOMINIUM UNIT II ASSOCIATION, INC 04-26-2001 90120 022 ****61.25 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 2753 S.R. 580 2753 S.R. 580 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 207 207 City & State City & State 4. FEI Number Applied For CLEARWATER FL CLEARWATER FL 59-1874433 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33761 US 33761 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REARDON, MAUREEN Street Address (P.O. Box Number is Not Acceptable) C/O PROGRESSIVE MANAGEMENT, INC. 2753 S.R. 580, SUITE 207 CLEARWATER, FL 33761 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 🟒 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to. Trust Fund Contribution. FEE IS \$61,25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete Change ☐ Addition TITLE RUSSO, PHIL NAME NAME 221 CARYL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition מע NAME NAME DONNER, SAMUEL STREET ADDRESS STREET ADDRESS 232 CARYL WAY OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE -Delete TITLE ~ 🔲 Change ☐ Addition STD NAME NAME RUSER, SONIA STREET ADDRESS STREET ADDRESS 129 NANCY DRIVE CITY-ST-ZIP City-ST-7IP OLESMAR, FL 34677 TITLE ☐ Change ☐ Addition □ Delete TITLE NAME DITROIA, ANTHONY NAME 223 CARYL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOSTUTLER, JOHN 115 CARYL WAY NAME NAME STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LINDWAY, BERNIE NAME NAME STREET ADDRESS 113 NANCY DRIVE STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP CITY-ST-ZIP 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 inpowered 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 appears, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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EAST LAKE WOODLANDS CONDOMINIUM UNIT II ASSOCIATION, INC

ADDITIONS:

D RILEY, JOHN 121 CARYL WAY OLDSMAR FL 34677