2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE.

FILED DOCUMENT # **744381** May 15, 2000 8:00 am 1. Entity Name Secretary of State COMMONS "V" ASSOCIATION, INC. 05-15-2000 90298 003 ****61.25 Mailing Address Principal Place of Business COMMONS V ASSN. INC. 4200 GULF SHORE BLVD N P O BOX 8990 NAPLES FL 34103 NAPLES FL 34101-8990 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0346808 Not Applicable Country \$8,75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, LEO F PELICAN BAY PROPERTY MANAGEMENT 10823 TAMIAMI TRAIL NORTH Zip Code NAPLES FL 34108 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 ☐ Addition Delete TITLE TITLE NAME NAME HERMAN, DON STREET ADDRESS STREET ADDRESS 4351 GULF SHORE BLVD N CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 **X** Addition TITLE D ☐ Delete TITLE THOMPSON TOMMY 4401 GULFSHORE BLUD N. # 1003 NAME TERIHAY, TOM NAME STREET ADDRESS STREET ADDRESS 4200 GULF SHORE BLVD NORTH CITY-ST-ZIP NAPLES, FL 34/03 CITY-ST-ZIP NAPLES FL 34103 Change ☐ Addition TITLE Delete TITLE FLESHEL ROBERT HUOI GULF SHORE BUYD N NAME FLESHER, ROBERT NAME STREET ADDRESS STREET ADDRESS 4601 GULF SHORE BLVD N CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP NAPLES FL 34103 ☐ Addition TITLE Delete TITLE Change BENNETT RUTH 4451 GULTSHORE BLVD, N. #1406 NAME NAME WILLIAMS, LEO F STREET ADDRESS STREET ADDRESS P.O. BOX 770326 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL BYIOS NAPLES FL 34107-0326 Delete TITLE Change ☐ Addition TITLE NAME BENNETT, RUTH STREET ADDRESS STREET ADDRESS 4451 GULFSHORE BLVD, N #1406 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Delete TITLE ☐ Addition TITLE NAME MICHAEL, GEORGE NAME STREET ADDRESS STREET ADDRESS 4401 GULFSHORE BLVD. N #403 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 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 of 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 trusted 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.

CER OR DIRECTOR