2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 745186 Mar 14, 2000 8:00 am Entity Name **Secretary of State** THE SUMMIT HOUSE CONDOMINIUM OF MARCO ISLAND, IN 03-14-2000 90020 012 ****61.25 Principal Place of Business Mailing Address 280 SO COLLIER BLVD 290 SO COLLIER BLVD MARCO ISLAND FL 34145 MARCO ISLAND FL 34145-4857 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 59-2374309 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 Street Address (P.O. Box Number is Not Acceptable) ROONEY, WILLIAM T 280 SOUTH COLLIER BLVD **UNIT 903** MARCO ISLAND FL 33937 Zip Code FL 8. The above named entity automits this statement for the our pose of changing its registered office or registered agent, or both, in the state of Florida. SIENCURE (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be 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 TITLE ☐ Delete TITLE Change Addition NAME EGIZIO, PHILLIP NAME 280 S. COLLIER BLVD. #1906 STREET ADDRESS 280 S. COLLIER BLVD 31104 STREET ADDRESS CITY-ST-7IP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change ROONEY, WILLIAM T NAME NAME STREET ADDRESS 280 SO COLLIER BLVD STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition GARRISON, MARY ALICE NAME STREET ADDRESS 280 SO COLLIER BLVD STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP TITLE SD Delete TITLE Change ☐ Addition NAME RING, JOHN D NAME STREET ADDRESS 280 SO COLLIER BLVD STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP HARVEY EISEN TITLE Delete TITLE NAME POWELL, ART NAME 6432 BRESSLYN RD STREET ADDRESS 68 CROSS CREEK RD STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35213** CITY-ST-ZIP NASHYILLE TN 37205 TITLE □ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 empowered to execute it is 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 oth-SIGNATURE:

OR DIRECTOR

02/-8/00 941-394-9332