2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90055 015 ****61.25 **DOCUMENT # 745196** MARINA TOWN CONDOMINIUM APARTMENTS ONE ASSOCIATI Mailing Address Principal Place of Business P O BOX-1848 3454 HANCOCK BRIDGE N FT MYERS FL 33903 FORT MYERS FL 33902 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1883068 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 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) VAN TILBURG, LEE J SILVERCRESTED MGMT INC 3440 MARINATOWN LN 203A Zip Code N FORT MYERS FL 33903 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (10/00) Change Addition **VPD** TITLE Delete TITLE DANIEL Snyder GIANNETTI, ANTHONY NAME NAME 3462 Harcock Be. PKWy #253 STREET ADDRESS 3454 HANCOCK BR PKWY B2 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N FT MYERS FL 33903 ☐ Addition Change ☐ Delete TITLE TITI F PD RAINES, ELSIE NAME NAME STREET ADDRESS 3454 HANCOCK BRIDGE PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N FT MYERS FL 33903 Change TITLE STD Delete **NEWTON JOYCE** NAME NAME STREET ADDRESS 3454 HENCOCK PKWY B9 STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33903 S/T/D K Change ☐ Addition ☐ Delete TITLE TITLE Stock, Lisa 3454 Houroak BR. PKny STOCK, LISA NAME NAME 3454 HANCOCK BR PKWY B13 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33903 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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.

MANIERSMYDER

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