2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # 749439** VIA DEL MAR CONDOMINIUM ASSOCIATION, INC. 04-25-2000 90109 039 ****61.25 Principal Place of Business Mailing Address 1487 VIA MIGUEL 1487 VIA MIGUEL 947683 JUPITER FL 33479 JUPITER FL 33477-7225 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1837555 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Add INGLIS, STEVE BRISTOL MANAGEMENT SERVICES 103 S US HWY 1 HFS-135 City JUPITER FL 33418 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD X Addition TITLE ☐ Change TITLE CLARK, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1469 VIA DEL SOL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Circoatric Change TITLE Delete TITLE KLINKER, ROBERT NAME NAME ia frivad STREET ADDRESS STREET ADDRESS VIA MIGUEL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Addition A ۷D TITLE MCDONALD, CHARLES NAME Via Del Se STREET ADDRESS STREET ADDRESS 1481 VIA DEL SOL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Ki Change ☐ Delete TITLE Addition TITLE MAIER, HELMUT NAME STREET ADDRESS STREET ADDRESS 1472 VIA CAMERON CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33477 TITLE **X** Delete NAME SAUNDERS, DOROTHY NAME STREET ADDRESS STREET ADDRESS 1480 VIA MIGUEL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Delete TITLE Change Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

10.

Daytime Phone #