2001 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT#** May 22, 2001 8:00 am Secretary of State VIA DEL MAR CONDO. ASSOC., INC. 05-22-2001 90042 049 ****61.25 Principal Place of Business Mailing Address 1487 VIA MIGUEL 1487 VIA MIGUEL. JUPITER FL 33477-7225 JUPITER FL 33477-7225 552952 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 59-2139254 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 ERIC G PETERSON. STEPHEN R POLINO, LCAM ATLANTIC COAST MGMT, SERVICES Street Address (P.O. Box Number is Not Acceptable)

CO DICKINSON MANAGEMENT, INC. P.O. BOX 2465 TONEV PENNA DRIVE JUPITER, FL 33468 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. LCAM, STEPHEN PAOUNO 9. Election Campaign Financing Make Check Payable to-FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition Delete VPD RD TITLE RAY MIDDLETON GREGORY B.GUNTHER NAME NAME 1475 VIA DEL SOL STREET ADDRESS 1474 VIA MIGUEL STREET ADDRESS TUPITER FL 33477-7225 CITY-ST-ZIP TUPITER FL 33477-7223 CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE NAME NAME HELMUT MAIER STREET ADDRESS STREET ADDRESS 1474 VIA CAMERON CITY-ST-ZIE JUPITER, FL 33477-7224 CITY-ST-ZIP Addition ☐ Change SD TITLE Delete TITLE ELIZABTH MUNSON LISA CAMPBELL 1485 VIA DELSOL NAME NAME 1478 VIA DELSOL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TUPITER FL 3347 Addition Delete ☐ Change TITLE NANCY KIRKPATRICK 1469 VIA PRIVADA TUPITER FL33477-7225 TOAN MCINTYRE NAME 1484 VIA CAMERON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TUPITER FL 33477-7225 CITY-ST-ZIP Thange ☐ Addition TITI F Delete TITLE PETE CONWAY NAME 1473 VIA DELA PALMA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 🔲 Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. SIGNATURE: XSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR