FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998		וחי		Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUN 1. Corporation	Name		3184 UM ASSOCIA	(1)							
OUNNI	INAL		um roouch	ATION, ING.							
Principal Place of Business Mailing Address								ן מוסנה נופנה ומופה ומופנו נפונו הפפר הוופנו פונה הפסר אוופה כ	MANAGE MANAGE MA	an olon laat	
828 WIGGINS PASS NAPLES FL 33963				273 AIRPORT ROAD SOUTH NAPLES FL 33942				3. Date Incorporated or Qualified			
			US					06/29/1980 4. FEI Number	I IA	oplied For	
								59-2354639		ot Applicable	
2. Principal Place of Business				2a. Mailing Address				5. Certificate of Status Desired	• • • • •	Additional	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing		May Bo	
22				27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State				City & State				7. Is this nonprofit corporation a homeowners association? A non profit Condomin X ves \(\subseteq \text{No Association} \)			
Zip		Country	201	Zip	Coun	try		This corporation owes or has paid the curre Personal Property Tax due June 30.		tangible No	
24		25 and Address (29 29 Current Regis	tered Agent	1301			10. Name and Address of New Registered A			
					,	81 Name					
JOHNSON, HENRY P.						32 Street	Addre	ss (P.O. Box Number is Not Acceptable)			
800 SEAGATE DR., #204 NAPLES FL 33940						B3					
	1 2 000 10				<u> </u>	B4 City			85 Zip	Code	
44 D			617.0500 00 45	2 1500 Florida Flori	4 15	1 '		FL.	111	in contationed	
office or re	o the provision egistered ago m tamiliae wit	ons or sections ont, or both, in	the State of Florid	Ia. Such change was Section 617 0503	authorized	by the corp	oratio	ration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as	registered	
SIGNATURE	iii iaiiiiiai wii	n, and accept	ine ornigations of	, 390,101, 017,0300, 1	IOTIGE SIEC	103.					
	Signature, typed		gistered agent and title			Agent signature	required	d when reinstaling) DATE			
12.	DST	OFFIC	CERS AND DIREC	DELETE	13.	F	г —	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME		WELL, ELIZAI	RETH		1.2 NAJ			•			
STREET ADDRESS				1		1.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES				1.4 CIT	Y-ST-ZIP	1				
TITLE	DP			DELETE	2.1 TITI	.E			Change	Addition	
NAME	IRVINE, I				2.2 NAI	AE	ĺ				
STREET ADDRESS		OCONUT DA	ME			EET ADDRESS	3	460 Bellybridge Circle	∍ #10	2	
CITY-ST-ZIP TITLE	<u>ESTERO</u> DV	<u>FL</u>		DELETE	2. 4 CIT	Y-ST-ZIP	B	onita Springs, FL 34	1.3.4 Change	Addition	
NAME		NER, DIETER		Occure	3.2 NA		ļ	•		וייייייייייייייייייייייייייייייייייייי	
STREET ADDRESS		GINS PASS				EET ADDRESS	l			I	
CITY-SI-ZIP	NAPLES					Y-ST-ZIP					
TITLE				DELETE	4.1 TIT	.E			Change	Addition	
NAME					4. 2 NA	ME	 				
STREET ADDRESS					1	REET ADDRESS	1			ı	
CITY-ST-ZIP TITLE				DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP			Change	☐ Addition	
NAME					5.2 NA		l	'	Onengo	regulou	
STREET ADDRESS						REET ADDRESS	1				
CITY-ST-ZIP						Y-ST-ZIP					
TITLE				DELETE	8.1 TIT				Change	Addition	
NAME					6.2 NA	ME	[
STREET ADDRESS					6.3 STF	EET ADDRESS	1				
CITY-ST-ZIP					6.4 CIT	Y - ST - ZIP					

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

FILED

Feb 17 1998 8:00am

941-649-0520 Deviting Proces on a 1973