THE VILLAS OF SANIBEL, A CONDOMINUUM. SECTION II ASSOCIATION, INC. Training Place of Business IN GULP Port P D BOX 68 SOURCE LT, 3557 Tricogua Place of Business A Control of Status Place of Busines A Control of Business A Control of Busines A Control of Business A Control of Busines A Cont		ILING FEE IS \$61.	25	FILI	
1999 DVMISION OF CORPORATIONS 0.00-LUMENT # 756100 COUDENT # 756100 THE VILLAS OF SANBEL, A CONDOMNIUM. SECTION II , ASSOCIATION, INC. OPECATIONS District Age of SanBell, A CONDOMNIUM. SECTION II , ASSOCIATION, INC. Operation Manual District Age of SanBell, A CONDOMNIUM. SECTION II , ASSOCIATION, INC. District Age of SanBell, A CONDOMNIUM. SECTION II , ASSOCIATION, INC. District Age of SanBell, A CONDOMNIUM. SECTION II , ASSOCIATION, INC. District Age of SanBell, A CONDOMNIUM SECTION II , ASSOCIATION, INC. Principal Place of Business 20 Sandr. Apt. R. etc. District Age of SanBell Control of SanBell 10 Control of SanBell 20 Control of SanBell of SanBell 21 Control of SanBell of San	CORPORATION	Kathe	erine Harris	Mar 12, 19 Secretary	99 8:00 am of State
1333 1333 Content # 756100 Content # 756100 Content # 756100 Set (Labor Colspan="2">Content # 756100 Set (Labor Colspan="2">Set (Labor Colspan="2">Set (Labor Colspan="2">Set (Labor Colspan="2") Set (Labor Colspa			•		
ASSOCIATION, INC.	DOCUMENT # 75610	0			
91 W. GULF DRIVE O. DOX 694 ANBEL FL 3357 291 W. GULF DRIVE P. D. 600 K 694 SNNBEL FL 3357 Image: State Sta			·		
0. 00: 664 P.O. EXI: 694 SANREL FL 33577 SANREL FL 33577 Principal Place of Business 2n. Malling Address 210 Suite. Apl. #. etc. 211 Suite. Apl. #. etc. 212 County 213 County 214 Convict 217 County 219 County 210 County 210 County 211 County 212 County 213 County 214 219 215 County 216 County 217 County 218 State 219 County 210 County 211 State 212 County 213 County 214 219 215 County 215 State Address (P.O. Box Number is Not Acceptable) 1033 PERPNINKLE WAY 215 State Address (P.O. Box Number is Not Acceptable) 1034 PERPNINKLE WAY 215 State Address (P.O. Box Number is Not Acceptable) 1034 State Address (P.O. Box Number is Not Acceptable) 1037 State Address	Principal Place of Business				
Bulls, Apt. #, etc. 28 Suite, Apt. #, etc. 20 City & State City & State City & State State Zip Country Zip Country Election Compage Zip Country Zip Country Election Compage S. Astrone and Address of Current Registered Agent In Name Address of New Registered Agent JAMBECK, NICHOLAS 81 Name Address of New Registered Agent JAMBECK, NICHOLAS 81 Street Address of New Registered Agent In Name JAMBECK, NICHOLAS 82 Street Address (P.O. Box Number is Not Acceptable) IS33 PERMINKLE WAY 83 Street Address (P.O. Box Number is Not Acceptable) IS34 PERMINKLE WAY 84 Street Address (P.O. Box Number is Not Acceptable) IS35 PERMINKLE WAY 84 Street Address (P.O. Box Number is Not Acceptable) IS35 PERMINKLE WAY 85 Street Address (P.O. Box Number is Not Acceptable) IS30 PERMINKLE WAY 84 Street Address (P.O. Box Number is Not Acceptable) IS30 PERMINKLE WAY 85 Street Address (P.O. Box Number is Not Acceptable) IS30 PERMINKLE WAY 84 Street Address (P.O. Box Number is Not Acceptable) IS30 PERMINKLE WAY 84 Street Address (P.O. Box Number is Not Acceptable) IS30 PERMINKLE	9915 W. GULF DRIVE 9.0. BOX 694 SANIBEL FL 33957	P.O. BOX 694			
Onton An Usan 27 Total Address Name Address Name Address Name Address Station Zip Country Zip Country Zip Country Station Station Station Fee Required Zip Country Zip Country Station Sta	. Principal Place of Business				
City & State City & State 5. Cardicate of Status Desired \$62.75 Academail Zip Country 2p Country 6. Election Campaign Financing \$5.00 May Be JAMBECK, NICHOLAS 30 Truet Fund Controbution Addets of Acceptable) Addet of Aees JAMBECK, NICHOLAS 53 Street Address of New Registered Agent 81 Name and Address of New Registered Agent 40 JAMBECK, NICHOLAS 53 Street Address of New Registered Agent 81 Name and Address of New Registered Agent 40 JAMBECK, NICHOLAS 53 Street Address of New Registered Agent 61 Name and Address of New Registered Agent 62 ISB3 PERIWINKLE WAY 63 Street Address (P O. Box Number is Not Acceptable) 63 64 City FL 63 62 1 Durguant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the abore-named comporation's band' of directors'. I hereby accept the appointment as registered agent, or both, the State of Florida Statutes, the appoint and the appointment as registered agent, or both, the Obstation of Social Directors'. School Bandies Statutes and a statutes and appoint and the appointment as registered agent, or both, the Obstate of Control Social Directors'. I hereby accept the appointment as registered agent, or both, the Obstate of Control Social Directors'. I hereby accept the appointme	Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·
Zpp Country Zpp Country Zpp Country St. Blection company Financing St.00 May be Added to Fees 9. Name and Address of Current Registered Agent 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Blection Address of New Registered Agent JAMBECK, NICHOLAS 81 Name 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) SANBEL FL 33957 83 Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 1. Pursuant to the provisions of Sections 617.0502 and 617.0503. Florids Statutes, the above-named comporation submits the statement for the purpose of changing its registered office on registered agent of not in the statement for the purpose of changing its registered office on registered agent and the registered in the statement for the purpose of changing its registered agent of not in the statement for the purpose of changing its registered agent at the registered in the statement for the purpose of changing its registered agent at the registered in the statement for the purpose of the application and registered in the statement for the purpose of changing its registered agent at the registered in the statement for the purpose of the application and registered in the statement for the purpose of the application and registered agent at the reg	City & State	City & State			\$8.75 Additional
JAMBECK, NICHOLAS 91 Name Id33 PERMINKLE WAY 92 Street Address (P.O. Box Number is Not Acceptable) SANBEL FL 3357 63 Interview of Sections of Sections 617/0502 and 617/1505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ. I am familier with and accept the obligations of, Section 617/0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ. I am familier with and accept the obligations of, Section 617/0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ. I am familier with and accept the obligations of, Section 617/0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. J am familier with and accept the obligations of, Section 617/0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. J am familier with an advect of the purpose of the purpose of changing its registered agent. J am familier with a familier wi	Zip Country 1 25	Zip 29		Trust Fund Contribution	Added to Fees
1633 PERNVINKLE WAY 63 SANIBEL FL 33957 64 1 Dursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. <i>I</i> and thinks with and accept the obligations of Sections 617.0503. Picnota Statutes, the corporation's board of directors. I hereby accept the bappointment as registered agent. <i>I</i> and thinks with and accept the obligations of Section 617.0503. Picnota Statutes, the corporation's board of directors. I hereby accept the bappointment as registered agent. <i>I</i> and thinks with and accept the obligations of Section 617.0503. Picnota Statutes. IGNATURE BST (MOTE Registered Agent diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with an another distance of the obligation of Section 617.0503. Picnota Statutes. IGNATURE DST (MOTE Registered Agent diputint register directors.) I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the appointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the appointment agent ad additent the telembed agent and the registered agent ad additent the t	9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
1633 PERNVINKLE WAY 63 SANIBEL FL 33957 64 1 Dursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. <i>I</i> and thinks with and accept the obligations of Sections 617.0503. Picnota Statutes, the corporation's board of directors. I hereby accept the bappointment as registered agent. <i>I</i> and thinks with and accept the obligations of Section 617.0503. Picnota Statutes, the corporation's board of directors. I hereby accept the bappointment as registered agent. <i>I</i> and thinks with and accept the obligations of Section 617.0503. Picnota Statutes. IGNATURE BST (MOTE Registered Agent diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with an another distance of the obligation of Section 617.0503. Picnota Statutes. IGNATURE DST (MOTE Registered Agent diputint register directors.) I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability and the probability with a diputint register directors. I hereby accept the bappointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the appointment as registered agent. <i>I</i> and the probability with a diputint register directors. I hereby accept the appointment agent ad additent the telembed agent and the registered agent ad additent the t	JAMBECK, NICHOLAS		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SANBEL FL S3S5/ 64 City FL 65 Zip Code 11. Pursuent to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I an three State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I and three State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I and three State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I and three the information of specific accept the obligations of Section 107:005. Florida Statutes. IGNATURE OFFICERS AND DIRECTORS Sector Process and Directores Stream of protocolspan="2">Intervision degrament agent	1633 PERIWINKLE WAY				
Pursuant to the provisions of Sections 617/0502 and 617.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I and accept the obligations of, Section 617.0503, Florida Statutes. GNATURE Superturn, typed or prefer and registered agent and the registered genetic and neglect and the registered genetic and neglect and registered agent and the registered genetic and neglect and the registered genetic and the registered gene	SANIBEL FL 33957		83		
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section B17,0003, Florida Statutes. IGNATURE			84 City	F	L 85 Zip Code
ME SEWARD, DAN 12 NAME REET ADDRESS 2915 W. GULF DR. 13 STREET ADDRESS Ite VD DELETE 21 NAME WE KIRK, THERESA 22 NAME REET ADDRESS 16090 BEACHWOOD RD. 23 STREET ADDRESS Ite PD 24 CITY-ST-ZP VT-ST-ZP FINDLAY OH 2.4 CITY-ST-ZP Ite PD DELETE 33 STREET ADDRESS Change VT-ST-ZP Change VT-ST-ZP Change VT-ST-ZP Change VIE PD VE DELETE 31 STREET ADDRESS Change 2915 W GULF DRIVE 33 STREET ADDRESS 2915 W GULF DRIVE 33 STREET ADDRESS VT-ST-ZP 34 CITY-ST-ZP VT-ST-ZP 44 CITY-ST-ZP VE 52 NAME REET ADDRESS 52 NAME VT-ST-ZP 44 CITY-ST-ZP VT-ST-ZP 44 CITY-ST-ZP VT-ST-ZP Change VT-ST-ZP 44 CITY-ST-ZP VT-ST-ZP 52 NAME	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob	ate of Florida. Such change wa	s authorized by the corpora	tion's board of directors. I hereby accept the app	pointment as registered
ME SEWARD, DAN 12 NAME REET ADDRESS 2915 W. GULF DR. 13 STREET ADDRESS Ite VD DELETE 21 NAME WE KIRK, THERESA 22 NAME REET ADDRESS 16090 BEACHWOOD RD. 23 STREET ADDRESS Ite PD 24 CITY-ST-ZP VT-ST-ZP FINDLAY OH 2.4 CITY-ST-ZP Ite PD DELETE 33 STREET ADDRESS Change VT-ST-ZP Change VT-ST-ZP Change VT-ST-ZP Change VIE PD VE DELETE 31 STREET ADDRESS Change 2915 W GULF DRIVE 33 STREET ADDRESS 2915 W GULF DRIVE 33 STREET ADDRESS VT-ST-ZP 34 CITY-ST-ZP VT-ST-ZP 44 CITY-ST-ZP VE 52 NAME REET ADDRESS 52 NAME VT-ST-ZP 44 CITY-ST-ZP VT-ST-ZP 44 CITY-ST-ZP VT-ST-ZP Change VT-ST-ZP 44 CITY-ST-ZP VT-ST-ZP 52 NAME	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered Agent signature requi	Fred when reinstating) DATE	
Yr. St. 2P SANIBEL FL 14 CITV-ST-ZP NE VD □ DELETE 21 TITLE ME KIRK, THERESA 22 NAME REET ADDRESS 10 STREET ADDRESS 10 Change Addition Yr. ST. 2P FINDLAY OH 21 STREET ADDRESS 10 Change Addition NRE PD 0 DELETE 31 TITLE 10 Change Addition NRE TURNEY, RICHARD 32 NAME 23 STREET ADDRESS 10 Addition NRE TURNEY, RICHARD 32 NAME 23 STREET ADDRESS 10 Addition NRE TURNEY, RICHARD 32 STREET ADDRESS 10 Addition 10 Addition NRE DELETE 41 TITLE 10 Change Addition NRE DELETE 41 TITLE 10 Change Addition NRE 0 DELETE 41 TITLE 10 Change Addition NRE 0 DELETE 51 TITLE 10 Change Addition NRE 10 DELETE 51 TITLE 10 Change Addition NRE 10 DELETE 51 TITLE 10 Change Addition NRE 1	Signature, typed or printed name of registered 2. OFFICERS	AND DIRECTORS	OTE: Registered Agent signature requi	Fred when reinstating) DATE	
ILE VU C_1 DELETE 21 MLE C_1 MLE <t< td=""><td>Signature, typed or printed name of registered 2. OFFICERS TLE DST</td><td>AND DIRECTORS</td><td>OTE: Registered Agent signature requi</td><td>Fred when reinstating) DATE</td><td>AND DIRECTORS IN 12</td></t<>	Signature, typed or printed name of registered 2. OFFICERS TLE DST	AND DIRECTORS	OTE: Registered Agent signature requi	Fred when reinstating) DATE	AND DIRECTORS IN 12
ILE VU C_1 DELETE 21 MLE C_1 MLE <t< td=""><td>Signature. typed or printed name of registered 2. OFFICERS TLE DST IME SEWARD, DAN REET ADDRESS 2915 W. GULF DR.</td><td>AND DIRECTORS</td><td>OTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME</td><td>Fred when reinstating) DATE</td><td>AND DIRECTORS IN 12</td></t<>	Signature. typed or printed name of registered 2. OFFICERS TLE DST IME SEWARD, DAN REET ADDRESS 2915 W. GULF DR.	AND DIRECTORS	OTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME	Fred when reinstating) DATE	AND DIRECTORS IN 12
16090 BEACHWOOD RD. 23 STREET ADDRESS FINDLAY OH 2.4 CITX-ST-ZP PD DELETE NME TURNEY, RICHARD SANIBEL FL	Signature, typed or printed name of registered 2. OFFICERS TLE DST SEWARD, DAN REET ADDRESS TY-ST-ZIP SANIBEL FL		OTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Fred when reinstating) DATE	AND DIRECTORS IN 12
PD DELETE 3.1 TTLE Change Addition ME TURNEY, RICHARD 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP Change Addition REET ADDRESS SANIBEL FL 0 DELETE 41 TTTLE 0 Change Addition MKE 0 DELETE 41 TTTLE 0 Change 0 Addition MKE 0 DELETE 41 TTTLE 0 Change 0 Addition MKE 0 DELETE 41 TTTLE 0 Change 0 Addition MKE 0 DELETE 41 TTTLE 0 Change 0 Addition MKE 0 DELETE 51 TTTLE 0 Change 0 Addition MKE 0 DELETE 51 TTTLE 0 Change 0 Addition MKE 53 STREET ADDRESS 53 STREET ADDRESS 0 Change 0 Addition MKE 53 STREET ADDRESS 54 CTTY-ST-ZIP 0 Change 0 Addition ME 0 DELETE 6.1 TTTLE 0 Change 0 Addition ME 0 SELETE 6.1 TTTLE 0 Change 0 Addition ME 0 SELETE 6.1 TTTLE	Signature. typed or printed name of registered 2. OFFICERS TLE DST SEWARD, DAN 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL TLE VD		OTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Fred when reinstating) DATE	AND DIRECTORS IN 12
ILE IDELTE IDETE IDETE<	Signature. typed or printed name of registered 2. OFFICERS ILE DST IME SEWARD, DAN 2915 W. GULF DR. 1Y-ST-ZIP SANIBEL FL TLE VD ME KIRK, THERESA		ÖTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Fred when reinstating) DATE	AND DIRECTORS IN 12
REET ADDRESS 2915 W GULF DRIVE 3.3 STREET ADDRESS SANIBEL FL 3.4 CITY-ST-ZIP Inte DELETE 4.1 TITLE WE 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS ITY-ST-ZIP 4.4 CITY-ST-ZIP ILE DELETE STREET ADDRESS 4.4 CITY-ST-ZIP ILE DELETE STREET ADDRESS 5.1 TITLE INE STREET ADDRESS REET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP ILE DELETE STREET ADDRESS 5.3 STREET ADDRESS REET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CITY-ST-ZIP INE DELETE REET ADDRESS 5.4 CITY-ST-ZIP REET ADDRESS 5.3 STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS INF.ST-ZIP 6.1 TITLE KET ADDRESS 6.3 STREET ADDRESS STY-ST-ZIP 6.1 TITLE INF.ST-ZIP 6.3 STREET ADDRESS STY-ST-ZIP 6.4 CITY-ST-ZIP 4.1 Dereby certify that the information supplie	Signature, typed or printed name of registered 2. OFFICERS TLE DST ME SEWARD, DAN REET ADDRESS 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL VD ME KIRK, THERESA 16090 BEACHWOOD RD. FINDLAY OH		ÖTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Fred when reinstating) DATE	AND DIRECTORS IN 12
ILE DELETE 4.1 TTLE Change Addition WE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS IV- ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP LE DELETE 5.1 TTLE Change Addition WE STREET ADDRESS 5.3 STREET ADDRESS Addition NME S2 NAME S3 STREET ADDRESS Addition TY- ST-ZIP 5.4 CITY-ST-ZIP Addition NME S3 STREET ADDRESS 5.4 CITY-ST-ZIP TY- ST-ZIP DELETE 6.1 TITLE Change Addition ME DELETE 6.1 TITLE Change Addition ME S3 STREET ADDRESS 5.3 STREET ADDRESS Addition ME S1 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition ME S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP 4. 1 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 indicaded on this annual report or supplemental annual report is true and accurate and	Signature, typed or printed name of registered 2. OFFICERS TLE DST WME SEWARD, DAN REET ADDRESS 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL VD KIRK, THERESA IREET ADDRESS 16090 BEACHWOOD RD. TY-ST-ZIP FINDLAY OH TLE PD		ÖTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Fred when reinstating) DATE	AND DIRECTORS IN 12
Internation Internation Internation Indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an	Signature, typed or printed name of registered 2. OFFICERS 1.E DST ME SEWARD, DAN REET ADDRESS 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL VD KIRK, THERESA REET ADDRESS 16090 BEACHWOOD RD. TY-ST-ZIP FINDLAY OH TLE PD ME TURNEY, RICHARD		ÖTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Fred when reinstating) DATE	AND DIRECTORS IN 12
REET ADDRESS 4.3 STREET ADDRESS IVY-ST-ZIP 44 CITY-ST-ZIP ILE DELETE S1 TITLE Change Addition ME S2 NAME S2 NAME S3 STREET ADDRESS TY-ST-ZIP 54 CITY-ST-ZIP ILE DELETE 64 CITY-ST-ZIP Change REET ADDRESS 54 CITY-ST-ZIP ILE DELETE 61 TITLE Change ME 62 NAME S3 STREET ADDRESS S3 STREET ADDRESS TY-ST-ZIP 6.1 TITLE ME 6.2 NAME S3 STREET ADDRESS S3 STREET ADDRESS TY-ST-ZIP 6.4 CITY-ST-ZIP 4. 1 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 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	Signature, typed or printed name of registered 2. OFFICERS 2. OFFICERS 1.1 DST ME SEWARD, DAN REET ADDRESS 2915 W. GULF DR. 17-ST-ZIP SANIBEL FL ME KIRK, THERESA REET ADDRESS 16090 BEACHWOOD RD. 17-ST-ZIP FINDLAY OH LE PD TURNEY, RICHARD 2915 W GULF DRIVE		ÖTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
Interest apprendict on 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	Signature. typed or printed name of registered 2. OFFICERS 1.1 DST ME SEWARD, DAN 2915 W. GULF DR. 2915 W. GULF DR. 10000 BEACHWOOD RD. FINDLAY OH 10000 BEACHWOOD RD. FINDLAY OH 10000 Sanibel FL 10000 BEACHWOOD RD. FINDLAY OH 10000 Sanibel FL 10000 BEACHWOOD RD. FINDLAY OH 10000 Sanibel FL 10000 Sanibel FL 100000 Sanibel FL		OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
MME 52 NAME REET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 54 CTY-ST-ZIP TLE DELETE 6.1 TITLE Change MME 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS ITY-ST-ZIP 6.3 STREET ADDRESS ITY-ST-ZIP 6.3 STREET ADDRESS ITY-ST-ZIP 6.4 CTY-ST-ZIP 4. 1 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 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	Signature. typed or printed name of registered 2. OFFICERS 1.LE DST ME SEWARD, DAN REET ADDRESS 2915 W. GULF DR. SANIBEL FL TLE VD MIE KIRK, THERESA 16090 BEACHWOOD RD. FINDLAY OH TLE PD TURNEY, RICHARD 2915 W GULF DRIVE SANIBEL FL		OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition
REET ADDRESS 5.3 STREET ADDRESS FY-ST-ZIP 5.4 CTTY-ST-ZIP LE DELETE 6.1 TTLE ME 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS FY-ST-ZIP 6.3 STREET ADDRESS FY-ST-ZIP 6.4 CTTY-ST-ZIP 4. 1 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 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	Signature, typed or printed name of registered 2. OFFICERS LE DST SEWARD, DAN REET ADDRESS 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL NIE VD KIRK, THERESA 16090 BEACHWOOD RD. FINDLAY OH LE PD TURNEY, RICHARD REET ADDRESS 2915 W GULF DRIVE ry-st-zip SANIBEL FL LE PD ME TURNEY, RICHARD REET ADDRESS SANIBEL FL 'ILE WGULF DRIVE ME SANIBEL FL		OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
TY-ST-ZIP 54 CTY-ST-ZIP Inte DELETE 6.1 TITLE Change ME 62 NAME REET ADDRESS 63 STREET ADDRESS ry-ST-ZIP 6.4 CTY-ST-ZIP 4. 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	Signature. typed or printed name of registered 2. OFFICERS 1.Le DST SEWARD, DAN REET ADDRESS 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL ILE VD KIRK, THERESA 16090 BEACHWOOD RD. TY-ST-ZIP FINDLAY OH ILE PD WE TURNEY, RICHARD 2915 W GULF DRIVE SANIBEL FL		OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
ME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS 64 CTTY-ST-ZIP 74 CTTY-ST-ZIP 7	Signature, typed or printed name of registered 2. OFFICERS LE DST ME SEWARD, DAN 2915 W. GULF DR. 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL ME KIRK, THERESA REET ADDRESS 16090 BEACHWOOD RD. TY-ST-ZIP FINDLAY OH LE PD ME TURNEY, RICHARD REET ADDRESS 2915 W GULF DRIVE IFY-ST-ZIP SANIBEL FL LE ME REET ADDRESS 16090 BEACHWOOD RD. TY-ST-ZIP FINDLAY OH LE PD ME SANIBEL FL ME REET ADDRESS IY-ST-ZIP SANIBEL FL		OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
REET ADDRESS REET ADDRESS Rest ADDRESS R-ST-ZIP 4. 1 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 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	Signature, typed or printed name of registered 2. OFFICERS 1.E DST ME SEWARD, DAN 2915 W. GULF DR. 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL ME KIRK, THERESA REET ADDRESS 16090 BEACHWOOD RD. FINDLAY OH FINDLAY OH LE PD ME TURNEY, RICHARD REET ADDRESS 2915 W GULF DRIVE SANIBEL FL LE ME REET ADDRESS IV-ST-ZIP SANIBEL FL LE ME REET ADDRESS 16090 BEACHWOOD RD. TURNEY, RICHARD 2915 W GULF DRIVE SANIBEL FL LE ME REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS	AND DIRECTORS	OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4. CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Addition Addition
6.4 CITY-ST-ZIP 4. 1 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 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	Signature. typed or printed name of registered 2. OFFICERS TLE DST AME SEWARD, DAN 2915 W. GULF DR. 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL TLE VD KIRK, THERESA 16090 BEACHWOOD RD. ITY-ST-ZIP FINDLAY OH TLE PD TURNEY, RICHARD 2915 W GULF DRIVE SANIBEL FL TURNEY, RICHARD ITY-ST-ZIP SANIBEL FL TLE PD TURNEY, RICHARD 2915 W GULF DRIVE SANIBEL FL TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS TUE TLE AME IREET ADDRESS TY-ST-ZIP TLE TLE TLE AME IREET ADDRESS TY-ST-ZIP TLE	AND DIRECTORS	OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
4. 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 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	Signature. typed or printed name of registered 2. OFFICERS TLE DST AME SEWARD, DAN 2915 W. GULF DR. 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL TLE VD KIRK, THERESA 16090 BEACHWOOD RD. ITY-ST-ZIP FINDLAY OH TLE PD TURNEY, RICHARD 2915 W GULF DRIVE SANIBEL FL TURNEY, RICHARD IREET ADDRESS 2915 W GULF DRIVE SANIBEL FL TLE AME TURNEY, RICHARD IREET ADDRESS 2915 W GULF DRIVE SANIBEL FL TLE AME REET ADDRESS ITY-ST-ZIP SANIBEL FL TLE AME ITE AME ITE AME ITE AME ITE AME ITE AME	AND DIRECTORS	OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Fred when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
and of a second of the extension of the reaction of the reacti	Signature. typed or printed name of registered 2. OFFICERS TLE DST AME SEWARD, DAN TREET ADDRESS 2915 W. GULF DR. TY-ST-ZIP SANIBEL FL TLE VD KIRK, THERESA 16090 BEACHWOOD RD. FINDLAY OH TURNEY, RICHARD TREET ADDRESS 2915 W GULF DRIVE SANIBEL FL TURNEY, RICHARD TREET ADDRESS 2915 W GULF DRIVE SANIBEL FL TLE AME RIEET ADDRESS TY-ST-ZIP SANIBEL FL TLE NME TREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP	AND DIRECTORS	OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VBd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
	Signature, typed or printed name of registered COFFICERS OFFICERS LE DST ME SEWARD, DAN REET ADDRESS 2915 W. GULF DR. Y-ST-ZIP SANIBEL FL LE VD ME KIRK, THERESA 16090 BEACHWOOD RD. Y-ST-ZIP FINDLAY OH LE PD ME TURNEY, RICHARD REET ADDRESS 2915 W GULF DRIVE Y-ST-ZIP SANIBEL FL LE ME REET ADDRESS 2915 W GULF DRIVE Y-ST-ZIP SANIBEL FL LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	AND DIRECTORS	OTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 7 for the exemption stated in curvate and that my signature or execute this report as required this report as required to this report as required to that report as required and that my signature or execute this report as required and that this report as required and that my signature or execute this report as required and that my signature or execute this report as required and that my signature or execute this report as required and that my signature or execute this report as required and that my signature or execute the signet this report as required and that my signature or exec	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition