2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 756488** May 22, 2000 8:00 am Secretary of State 1. Entity Name HANGOCK-GALLERY CONDOMINIUM ASSOCIATION, INC. 05-22-2000 90002 020 ****61.25 Principal Place of Business Mailing Address 6151 ESTERO BLVD. #5 6151 ESTERO BLVD. #-5 FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931-4339 2. Principal Place of Business 3. Mailing Address 776 H WITS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SPRINGS 4. FEI Number Applied For 59-2664322 Not Applicable FLCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required Lee 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent NEW Name Street Address (P.O. Box Number is Not Acceptable) · BENSON, MARK-R 120502WESTEHALL DR FTMYERS FE 33907 Zip Code City se of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement for the purp (NOTE, Registered Agent signature required when reinstating) DATE 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** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change **⊠**Addition TITLE Delete TITLE Pereny, Michael NAME FREDRICKSON, DELIA NAME STREET ADDRESS 6151 Estero Blvd #5 STREET ADDRESS 6151 ESTERO BLVD 4 CITY-ST-7IP CITY-ST-ZIP Fort Myers Beach, FL 33931 FT MEYERS BCH FL 33931 ☐ Addition TITLE 🖊 Delete TITLE ☐ Change NAME PERENY, GERALDINE NAME STREET ADDRESS STREET ADDRESS 6151 ESTERO BLVD 5 CITY-ST-ZIP CITY-ST-ZIP FT MEYERS BCH FL 33931 **□**YeKange TITLE ☐ Delete TITLE Addition Keepan, John NAME KEENAN, JOHN NAME 6151 Estero Bl&d STREET ADDRESS STREET ADDRESS 6151 ESTERO #8 CITY-ST-ZIP Fort Myers Beach, FL 33931 CITY-ST-ZiP FT. MYERS BEACH FL 33931 ☐ Change TITLE ☐ Delete **□KA**ddition Vandenbent, Gerrit NAME STREET ADDRESS STREET ADDRESS 6151 Estero Blvd #3 CITY-ST-ZIP CITY-ST-ZIP Fort Myers Beach, FL 33931 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-\$T-ZIP

SIGNATURE

CITY-ST-ZIP

Davtime Phone #