2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 45 9 250 Mar 14, 2001 8:00 am 1. Entity Name **Secretary of State** Collier BAY CONDOMINIUM ASS. INC 03-14-2001 90011 047 \*\*\*\*61.25 cipal Place of Business
1160 EDDINGTON PL. 880 CAYAMBASRD. MARCO ISLAND, FL. MARCO ISLAND, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0382041 Not Applicable Zip Country \$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 CUNNINGTON DONALO T. 880 CAXAMBAS RO. Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND, FL. 34145 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to. 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CUNNINgham, DONALD ☐ Delete TITLE NAME convingtom Donaya NAME 880 CAXAMBAS RD STREET ADDRESS STREET ADDRESS 880 CAYAMBAS KD. MARCO TSCAND, FL. 3414 MARCO ISLAND EL. 34/45
COUNT ARTHUR Addition
880 CAXAM BAS CA. -CITY - ST - 7/P CITY-ST-7IE TITLE V.D. CUMNINGHOM JANET L NAME STREET ADDRESS STREET ADDRESS MARCO ISLAND FC. MARCO ISLAND EL. 34145 CITY-ST-7/P CITY-ST-ZIP TITLE NAME NAME CUNNINGHOM, JANOT! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 880 CAXAMBAS MADIRIO ISLAND FU Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. 3 4 2001 941 - 39 4 - 8395 Date: Daytine Phone #

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

SIGNATURE: