FILED 200) UNIFORM BUSINESS REPORT (UBR) Apr 03, 2001 8:00 am 7 60869 DÖCUMENT # Secretary of State SOUTHPORTE CONDOMINIUM ASSOC. INC. 04-03-2001 90116 003 ****61.25 Mailing Address 725 N. A/A
STE#C-110
JUPITER FL Principal Place of Business 1:0041448 33477 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 59-22*5875*9 Not Applicable Country Zip Country Zip \$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 INGLIS, STEVE 725 N.AIA, SUITE C-110 JUPITER, FL 33497 agent, or both, in the state of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office INGLIS STELLE 9. Election Campaign Financing Make Check Pavable to \$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 Delete TITLE TITLE CARTER CARTER HARVEY 2233 ONSEEREY ISLANDRD#110U NAME STREET ADDRESS STREET ADDRESS DUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete DOWNS CHARLES NAME NAME 3322 CASELKEY ISL RD. +1202 STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-7IP ゴレクィナビス ドレ ろろリクク Change Addition TITLE GORIN NORMAN 2223 CASSEREY ISLAND ROLTIN NAME NAME STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP TITLE Change ☐ Addition TITLE MORGAN RAY 2233 CASSEEKEY ISLANDED #404 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP JUPITER FL 33477 CITY-ST-ZIP ☐ Addition ☐ Change • □ Delete TITLE TITLE ZAGER RAY 2233 CASSELKEY ISLAND RD#104 NAME NAME STREET ADDRESS STREET ADDRESS TUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a report as the chapter 617, Florida Statutes.

SIGNATURE: