FILED

2003 NOT-FOR-PROFIT CORPORATION

Apr 30, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UER) DOCUMENT # 762304 04-30-2003 90146 023 ****61.25 1. Entity Name STING RAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address % TERRY LOWE % TERRY LOWE 7832 SURF DRIVE 7832 SURF DRIVE PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address anier CHECK HERE IF MAKING CHANGES 8005 005 5 Applied For 4. FEI Number 59-2212187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 115 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOWE, TERRY Street Address (P.O. Box Number is Not Acceptable) 7832 SURF DRIVE PANAMA CITY BEACH FL 32408 8005 Surt Drive 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE. name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE Addition nn Lanier NAME LOWE, TERRY NAME 3273 Greenkill Dri 7832 SURF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32408 CITY-ST-ZIP Delete TITLE TITLE RUMBAUGH, RICHARD NAME NAME STREET ADDRESS 101 SHAWNEE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LAGRANGEITY GA 30240** ☐ Addition TITLE ___ ☐ Delete TITLE Change Change MONTGOMERY, WENDY NAME NAME 7708 CARTLEDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOX SPRINGS GA 31801** Addition TITLE TITLE ☐ Change Delete NAME NAME AIAIMILLS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME Sunfield Cti STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

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 or Block 11

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4-23-03