2001 UNIFORM BUSINESS REPORT (UBR)

Jun 15, 2001 8:00 am Secretary of State DOCUMENT # 764051 1. Entity Name 05-14-2001 90083 049 ****61.25 PELICAN BAY YACHT CLUB PROPERTY OWNERS ASSOCIATI Principal Place of Business Mailing Address 5950 PELICAN BAY PLACE, #306 5835 SKIMMER PT. BLVD. **GULFPORT FL 33707** GULFPORT FL 33707 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 59-2235211 Not Applicable Zip Zio Country Country \$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 -NEWTON: WILLIAM C 5901 SUN BLVD. S TE 203. SAINT PETERSBURG FL 33715 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. KATHU HUDOBS ANDT SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **2** Delete TITLE Change . ☐ Addition THE PORTO, JOHN A NAME NAME STREET ADDRESS 5940 PELICAN BAY PLAZA, #405 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULFPORT FL 33707 M Delete Change ☐ Addition NAME CAULFIELD, INGE NAME STREET ADDRESS 5950 PELICAN BAY PLAZA, #306 STREET ADDRESS CITY-ST-ZIP GULFPORT FL 33707 CITY-ST-ZIP Delete TITLE TITLE Addition SCHMIDT, JACK. NAME STREET ADORESS 5950 PELICAN BAY PLAZA, #801 STREET ADDRESS CITY-ST-2:P GULFPORT FL 33707 CITY-ST-7IP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-51-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 an address, with all other like empowered.

SIGNATURE: