/ LUBITURM RUSINESS REPORT (UBR) DOCUMENT # # 16612.7
1. Entity Name Club of May 07, 2001 8:00 am Secretary of State √1. Entity Name Ampa Condo Mium Association 05-07-2001 90064 001 ****61.25 Inc. Mailing Add Sterling Management, Inc. Principal Place of Business Management, Inc. 2880 Scherer Drive, Suite 840 2880 Scherer Drive, Suite 840 St. Petershurg, Florida 33716 St. Petershurg, Florida 33716 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & 9-2396372 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Sterling Management, Inc. ceptable) Box Number is Not A 2880 Scherer Drive, Suite 840 MANACUEM St. Petersburg, Florida 33716 ement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits this stat SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61:25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 Addition [President TITLE TITLE Paul Dayne 2424 W. Tampa Bay Blvd # B-207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa Addition V.P. Delete Change TITLE Liz wilson NAME 205. H = bvie man ampa Jud = H.202 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP Tampa F1 33609 ☐ Addition D ☐ Delete ☐ Change TITLE ROBIRT SCHWARTZ NAME 2424 W. Tampa Bay BIVd + C-201 STREET ADDRESS STREET ADDRESS CITY - ST-71P Tampa F1 33609 CITY - ST - ZIP Addition TITLE ☐ Change Robert Baglin 2424 W. Tampa Bay BWd # C.209 NAME NAME STREET ADDRESS STREET ADDRESS 33609 CITY - ST-ZIP CITY-ST-ZIP Anthony Martin ☐ Addition TIFLE ☐ Change TITLE 2424 W. Tampa Bay Blvd # 8-108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR D