2002 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 769767** May 09, 2002 8:00 am § Secretary of State 1. Entity Name VILLAS DEL SOL HOMEOWNERS ASSOCIATION, INC. 05-09-2002 90044 036 ****61.25 Principal Place of Business Mailing Address 28200 BERMONT ROAD 28200 BERMONT ROAD PUNTA GORDA FL 33982 PUNTA GORDA FL 33982 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 59-1501038 Not Applicable Zip Country Zip 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 OLSON, MARYANN 2679 MAN OF WAR CIRCLE SARASOTA FL 34240 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 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PDI TIT: F Delete TITLE DEPLONTY, DUANE E ☐ Addition NAME NAME 937 BLUE HERON OVERLOOK STREET ADDRESS STREET ADDRESS OSPREY FL 34229 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change DEPLONTY, JOAN J ☐ Addition NAME NAME 937 BLUE HERON OVERLOOK STREET ADDRESS STREET ADDRESS OSPREY FL 34229 CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete Change OLSON, MARYANN ☐ Addition NAME 2679 MAN OF WAR CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manjann Oson Bookm 4/18/02 Dayline Phone #