FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State **DOCUMENT # H95026** 1. Entity Name WW II HOMEOWNERS ASSOCIATION, INC. 05-01-2001 90068 002 ***150.00 Principal Place of Business Mailing Address 3301 ALTERNATE US 19 NORTH 3301 ALTERNATE US 19 NORTH 366 WESTWIND II 366 WESTWIND II **DUNEDIN FL 34698 DUNEDIN FL 34698** 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 59-2636916 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDUSKY, MARGARET M. Street Address (P.O. Box Number is Not Acceptable) 3301 ALT US 19 NORTH 366 WESTWIND II **DUNEDIN FL 34698** Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00 TITLE ☐ Delete TITI F ☐ Change ☐ Addition TWEEDY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 172 WEST WIND II CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition TITLE Delete TITLE HART, JOHN NAME NAME STREET ADDRESS 479 WESTWIND II STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete TITLE Change_ _____Addition NAME NAME KATZENBACH, NICHOLAS STREET ADDRESS STREET ADDRESS 807 WESTWIND 11 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete TITLE ■ Addition NAME REID, SUE NAME STREET ADDRESS STREET ADDRESS 176 WESTWIND II CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete TITLE Change Addition NAME GRANT, BOYD NAME STREET ADDRESS STREET ADDRESS 256 WESTWIND II CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME DIRCKS, BARBARA STREET ADDRESS STREET ADDRESS 248 WESTWIND II CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698**

13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michaeles Katenbach NICHOLAS KATZENBACH 4/23/01 (727)786-8377