2004 FOR PROFIT CORPORATION

DOCUMENT # J92630 FILED FIVE-STAR DEVELOPERS OF FLORIDA, INC. MAY 12 PM 4: 38 SECRETARY OF STATE. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 316 N CANAL AVE 316 N CANAL AVE LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #; etc. Suite, Apt: #, etc. 04282004 Cha-P CB2F034 (10/03) City & State City & State Applied For 4. FEL Number 59-2855666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINNER, ERNEST Street Address (P.O. Box Number is Not Acceptable) 316 N CANAL AVE LAKELAND, FL 33801 05/24/04--01083--009 **70.D0 City 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. I am familiar with, and accept the obligations of registered agent. 200037046062 05/24/04--01083--010 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. 11. TIFLE Addition VΤ 11406 🗷 Delete President WINROW, ANTHONY J NAME Ernest C. Winner ilA... 1221 Bedford Lane 8520 TOM COSTINE RD. STRÆT ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP LAKELAND, FL Lakeland, Florida 33813 PS X Delete TITLE Vice President Addition WINROW, SUSAN L Barbara G. Larter NAME NAME 8520 TOM COSTINE RD STREET ADDRESS STREET ADDRESS 2590 Sunrise Terrace CITY-SI-ZIP Auburndāle, Florida CITY-ST-ZiP LAKELAND, FL 33809 ☐ Delete MILE ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-S!-ZIP CITY-ST-7IP Delete Change THE ☐ Addition 141 L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition MILE MARAF STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 12. Thereby 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 667. 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. spril 28, 2004 SIGNATURE: