DOCUMENT # L86589 1. Entity Name					FILED Apr 13, 2000 8:00 am Secretary of State			
•	ves at palm-aire develop	MENT CORPORATION	I		Secretary 04-13-2000 90110	of Sta	ate	
Principal Place of Business 290 COCOANUT AVENUE BUILDING 3 SARASOTA FL 34236		Mailing Address 290 COCOANUT AVENUE BUILDING 3 SARASOTA FL 34236-4949			04-13-2000 90110	5 030 ***1 5 0).00	
<u> 1133</u>	lace of Business Houth Street	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE		
Sui	te 300 sota , fl	CINOCAL O		4. F	Applied For Not Applied For Not Applicable			
3423		Zib	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required		
-	6. Name and Address of Current F	Registered Agent		7. N	lame and Address of New Register	ed Agent		
			Name_					
MESSICK, ROBERT E. 2033 MAIN STREET SUITE 600			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34237			City	ity FL Zip Code				
				0 50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	I DITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTARI, RONALD 290 COCOANUT AVE.,#3 SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTARI, JOANNE 290 COCOANUT AVE.,#3 SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V SANCHEZ, ALBERT A 1133 FOURTH ST. #300 SARASOTA FL 34236	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			· Change	- 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUMBERG, JERRY 1133 4TH ST SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

erry Blumbers 1/31/c

941-366-1442

Daytime Phone #