FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am DOCUMENT # N00000000588 Secretary of State THE ESTATES AT GLENN LAKES OWNERS ASSOCIATION, I 05-13-2002 90041 011 ****61.25 NC. Principal Place of Bysiness Principal Place of Bysiness 325-6 BOULEVARD C/O HARMONY Mgmt 325-6 BOULEVARD 4400 EL CON PKW 9325-8-BOULEVARD 4400 EL CON PKWY TAMPA FL 33606 Bradenton, F1 34210 Bradenton, F1 34210 8009**7790** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. MANAGENENT 4400 EL CONQUISTADOR PKW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3632539 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) Zip Code F 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. 4.24.02. SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete (9/01) TITLE ☐ Addition SMOUSE, DARIN M NAME JAMES NAME St. Ci W. #35 301 N CATTLEMEN ROAD SUITE 108 STREET ADDRESS STREET ADDRESS CITY-ST-7IP Sarasota FL 34232 CITY-ST-ZIP Delete TITLE TITLE Dν Change ☐ Addition BRADBURN, BETH NAME NAME 301 N CATTLEMEN ROAD SUITE 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-7IP DST □ Delete TITLE Change COLYAR, CLIFF NAME NAME = CUC W. 7-34 301 N CATTLEMEN ROAD SUITE 108 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Maria di Paranta Addition NAME NAME talent in the 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITI E

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

4-8-02

Change

☐ Addition