2001 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # \ DMD 00659 1. Entity Name 6TH AVENUE CONDOMINIUM ASSOCIATION, INC. 05-15-2001 90164 039 ****61.25 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 2306 CANASTA DRIVE 2306 CANASTA DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number BRADENTON BEACH, FL BRADENTON BEACH, FL APPLIED FORR Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34217 Fee Required 34217 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN PATTERSON Street Address (P.O. Box Number is Not Acce 46 N. WASHINGTON BLVD., #1 Zip Code SARASOTA, FLORIDA 34236 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD **K** Addition TITLE Delete TITLE Change PERRYMAN, IAN NAME NAME STREET ADDRESS 2306 CANASTA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON BEACH, FL 34217 ☐ Delete TITLE ☐ Change PERRYMAN, JENNIFER NAME 2306 CANASTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON BEACH, FL 34217 TITLE TITLE ☐ Change **XX**Addition ☐ Delete NAME NAME GOODE, CASSANDRA J. STREET ADDRESS STREET ADDRESS 2306 CANASTA DRIVE CITY-ST-ZIP CITY-ST-7F BRADENTON BEACH, FL 34217 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete

12. Thereby 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

EICER OR DIRECTOR

☐ Change

Addition