2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am⁵ Secretary of State DOCUMENT # NQQQQQQQ1388 WELLCOMMUNITY ASSOCIATION, INC. 05-12-2001 90037 009 ****61.25 Principal Place of Business Mailing Address 907 HARBERT ST 907 HARBERT ST ՈՈՈԺՋԶՐՕԴ TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired 150 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TRESCOTT, PRISCILLA 907 HARBERT ST TALLAHASSEE FL 32303 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. SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT Addition TITLE ☐ Delete TITLE ROBBRT TRESCOTT NAME NAME BUSENT STREET ADDRESS STREET ADDRESS ვლაე CITY-ST-ZIP CITY-ST-ZIP 32303 ☐ Addition □ Delete TITLE D NAME NAME 170 Tapley SM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 61104 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 32303 CITY-ST-ZIP 35303 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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. KESCETHE QU SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF