2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # N0000003931 1. Entity Name MARBELLA OF ANNA MARIA ISLAND CONDOMINIUM ASSOCI 02-01-2001 90148 007 ****61.25 Principal Place of Business Mailing Address 1900 GULF DRIVE NORTH 1900 GULF DRIVE NORTH **BRADENTON FL 34271 BRADENTON FL 34271** 912144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 65-Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYKXHOORN, JACOB C Street Address (P.O. Box Number is Not Acceptable) 130 EAST CENTRAL AVENUE LAKE WALES FL 33853 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **PSTD** TITLE ST D ☐ Delete TITLE **X** Change ☐ Addition NAME SCHECK, JOHN W NAME STREET ADDRESS 2998 PLANTATION ROAD STREET ADDRESS CITY-ST-ZIE WINTER HAVEN FL 33884 CITY-ST-7IP VD TITLE PD ☐ Delete TITLE Change ☐ Addition NAME TOUCHTON, JOHN R NAME STREET ADDRESS 74 RYANN NICOLE COURT STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP D VPD TITLE Delete TITLE Addition A ☐ Change HAZLETT, H. LYNN Linda Willis 4019 89th St. E. NAME NAME STREET ADDRESS 775 S. ILAKEE AVENUE STREET ADDRESS CITY-ST-ZIP LAKE ALFRED FL 33850 CITY-ST-7IP Palmetto, FL 34221 ☐ Delete TITLE Change X Addition Leo Rossiter NAME NAME STREET ADDRESS 909 McIntosh Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Brandon, 82 33510 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplie diffy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental r of the corporation or the receiver or truste changed, or on an attachment with an