2004 NOT-FOR-PROFIT CORPORATION

Jun 02, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N00000004081** 06-02-2004 90001 038 ****61.25 MONTEROSSO AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 8430 ENTERPRISE CIRCLE, SUITE 100 54056313 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108 BRADENTON, FL 34202-4108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-NP CB2E037 (10/03) Applied For 4. FEI Number City & State City & State 65-1047260 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33702-2472 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 97 TITLE Delete TITLE Lissack, Hichael 15508 Honterosso Ln # 201 SCHWARTZ, DOUGLAS L NAME NAME STREET ADDRESS STREET ADDRESS 2950 IMMOKALEE ROAD SUITE 2 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34110 Addition Delete TITLE ☐ Change Teich, Irwin 15536 Montenosso La # 201 MARTINELLO, C. MICHAEL NAME NAME 8430 ENTERPRISE CIRCLE SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON, FL 342024108** CITY-ST-ZIP ☐ Change Addition Delete TELLE Carpenter, James REED, PHYLLIS NAME NAME 15524 Monterosso Lu #102 2950 IMMÓKALEE ROAD SUITE 2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34110 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

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. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR