Certified Mail # 7004 0550 0000 5429 8496

SIGNATURE:

2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 05-03-2005 90166 023 ****61.25 DOCUMENT # N00000004841 RANCH LAKE PLAZA PROPERTY OWNERS ASSOCIATION, INC. 20055428 Principal Place of Business Mailing Address 9115 58TH DRIVE E 9115 58TH DRIVE E SUITE A SUITE A BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Chq-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 65-1120061 Not Applicable Zip Country 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 Name D'URSO, LARRY J 9115 58TH DRIVE E Street Address (P.O. Box Number is Not Acceptable) **SUITE A** BRADENTON, FL 34202 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 Fiorida. 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 signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PN TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME D'URSO, JEREMY J NAME 9115 58TH DRIVE E SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP Secretary: Wiretor Amy SAWDE 4115 58 Th Dr E. Suite A Dradutu, Ol 3420> TITLE Delete TITLE Addition PATRICK, CHRISTINA A NAME NAME STREET ADDRESS 9115 58TH DRIVE E SUITE A STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE Delete TIT! F ☐ Change ☐ Addition NAME SANDERS, LINDA K NAME STREET ADDRESS 9115 58TH DRIVE E SUITE A STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

May 03, 2005 8:00 am

941-753-7851