2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2002
Secretary of State

DOCUMENT# N01000000578

Entity Name: JULIANA VILLAGE 2B CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3689764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MANGANO, JOHN
Address: 28341 S. TAMIAMI TRAIL, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV ( ) Delete
Name: WEBER, ED
Address: 28341 S. TAMIAMI TRAIL, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST ( ) Delete
Name: REINERT, RALPH E
Address: 28341 S. TAMIAMI TRAIL, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HENNING, TED G
Address: 4759 SHINNECOOCK HILLS CT. #101
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: ALDINGER, GARY
Address: 4755 SHINNECOCK HILLS CT. #102
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: SIMON, ROBERT
Address: 4740 SHINNECOCK HILLS CT. #102
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Change (X) Addition
Name: MULLER, JOHN
Address: 4745 SHINNECOCK HILLS CT. #101
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED HENNING PD 07/26/2002
Electronic Signature of Signing Officer or Director — Date