2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # N01418** 1. Entity Name CASA CAYO CONDOMINIUM ASSOCIATION. INC. 03-22-2000 90057 001 ****61.25 Principal Place of Business Mailing Address C/O R. SANSWEET 1500 OVERSEAS HWY MARATHON FL 33050 11 SOMBRERO BLVD #11 MARATHON FL 33050-2437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2692987 Not Applicable Zip Country \$8.75 Additional 7in Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANSWEET, ROBERT 11 SOMBRERO BLVD #11 MARATHON FL 33050 City Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be - FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Addition ☐ Change TITI F Delete TITLE UWE HUELLER HENTHORNE, JAY NAME NAME CR2E037 1500 Overseas Highway,#301 STREET ADDRESS STREET ADDRESS 3927 CLEVELAND RD CITY-ST-ZIP CITY-ST-ZIF WOOSTER OH 44691 MARATHON, FL 33050 (X) Change Addition ☐ Delete TITLE TITLE ROBERT SANSWEET NAME SAMSE, KARL NAME 11 SOMBRERO BLVD #11 STREET ADDRESS STREET ADDRESS 299 BROWNS LANE CITY-ST-ZIP CITY-ST-ZIP JAKATHON, FL 33050 MIDDLETON RI 02842 ☐ Change Addition Delete TITLE TITLE MARIA STEMONT NAME SAVAGE, GEORGE --NAME 430 WOODSIDE DR. STREET ADDRESS STREET ADDRESS 45 FOX POINT DRIVE CITY-ST-ZIE WEST PALM BEALH FL CITY-ST-ZIF APPLETON WI 54911 ☐ Change Addition ☐ Delete TITLE TITLE FOX, MARGARET NAME STREET ADDRESS STREET ADDRESS 305 PRIVATE RD CITY-ST-ZIP CITY-ST-ZIF MATCITUCK NY 11952 ☐ Change Addition TITI F Delete TITLE SANSWEET, ROBERT NAME STREET ADDRESS 11 SOMBRERO BLVD #11 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Change Addition ☐ Delete TITLE CHRISTENSEN, DANIEL NAME STREET ADDRESS 1031 PINE BRANCH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE F 33326

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

305-289-1778