2006 NOT-FOR-PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT. DOCUMENT # N02000009956 04-24-2006 90369 011 ****61.25 **BRADENTON BEACH CLUB BUILDING 2 CONDOMINUM** ASSOCIATION, INC. ouu30115 Principal Place of Business Mailing Address 260 17TH STREET N 260 17TH STREET N BRADENTON BEACH, FL 34217 BRADENTON BEACH, FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-1185235 Applied For City & State City & State Not Applicable Zip Country Zip 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 Name DYKXHOORN, JACOB C Street Address (P.O. Box Number is Not Acceptable) 130 EAST CENTRAL AVENUE LAKE WALES, FL 33853 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. 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 **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DTP Delete TITLE □ Change Addition TITLE HAZLETT, H. LYNN NAME NAME STREET ADDRESS 775 SOUTH ILAKEE AVENUE STREET ADDRESS CITY-ST-ZIP LAKE ALFRED, FL 34217 CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ☐ Addition SCHECK, JOHN W NAME NAME 145 LAKE OTIS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33844 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE LEUIN BAZAIRE NAME NAME 248 17+4 ST. N. STREET ADDRESS STREET ADDRESS BARDENTON BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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