

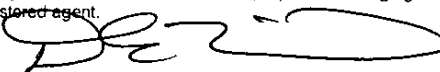
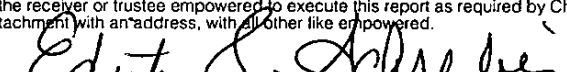


**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

50029618

<b>DOCUMENT # N03000007724</b>				<b>Secretary of State</b> 03-21-2005 90123 033 ****61.25		
1. Entity Name <b>CAROLINA LANDINGS AT UNIVERSITY PLACE CONDOMINIUM B ASSOCIATION, INC.</b>						
Principal Place of Business <b>ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237</b>		Mailing Address <b>ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237</b>		<b>50029618</b> 		
2. Principal Place of Business <b>CLAMT</b> Suite, Apt. #, etc. <b>9031 Town Center Pkwy</b> City & State <b>Bradenton FL</b> Zip <b>34202</b> Country <b>USA</b>		3. Mailing Address <b>CLAMT</b> Suite, Apt. #, etc. <b>9031 Town Center Pkwy</b> City & State <b>Bradenton FL</b> Zip <b>34202</b> Country <b>USA</b>		01072005 Chg-NP CR2E037 (10/03)		
4. FEI Number <b>20-0327014</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MANCILLA, JOSEPH ESQ. 3111 STIRLING RD FT LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name <b>Advanced Management, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9031 Town Center Pkwy</b> City <b>Bradenton</b> FL Zip Code <b>34202</b>				
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  <b>3/4-05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRADLEY, SCOTT D ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edith Schreiber 7657 Plantation Circle University Park, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALLEHUE, RONDA L ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD William Garden 7023 Cargley Place University Park, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOCKOVER, KIMBERLY ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Joshua Wortley 7624 Plantation Circle University Park, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>2/3/05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						