2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2000 8:00 am Secretary of State **DOCUMENT # N03930** 1. Entity Name THE COURTYARDS OF SUNTREEE, INC. 03-25-2000 90016 017 ****61.25 Principal Place of Business Mailing Address 6939 N WICKHAM ROAD 715 GREEN VALLEY LN.#2 MELBOURNE FL 32940 MELBOURNE FL 32940-7519 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2595349 Not Applicable Zip Country 7ìn Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Sabelli, ann 6939 N. WICKHAM ROAD MELBOURNE FL 32940 Zip Code City 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD Delete TITI F **™** Change X Addition illiam NAME BAGINSKI, JOSEPH NAME Spring Valley Dr STREET ADDRESS STREET ADDRESS 777 PINE ISLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP 32940 **MELBOURNE FL 32940** Melhourne, Audrey Hubbs 726 Spring Valley Dr. (Change X Addition Delete TITLE TITLE WHITEHEAD, EMMETT NAME STREET ADDRESS 746 SPRING VALLEY DRIVE STREET ADDRESS 1elbourne, Fl CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 SD OChris 50459 ⚠ Change ✓ Addition TITLE ☑ Delete TITLE LOZITO, FRANCES NAME NAME princ Valley Dr. STREET ADDRESS 767 PINE ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Melhourne, MELBOURNE FL 32940 Betty J. Ogilvi `M Change Addition Delete TITLE TITLE DAILEY, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 717 SPRING VALLEY DR CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

253-9360