2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # N04000010526** 1. Entity Name STONE HARBOUR COMMONS ASSOCIATION, INC. 06 JUN 13 PM 2: 56 Mailing Address Principal Place of Business ADVANCED MANAGEMENT, INC OF SW FLORIDA ADVANCED MANAGEMENT, INC OF SW FLORIDA 9031 TOWN CENTER PKWY 9031 TOWN CENTER PKWY BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 05232006 CR2E037 (4/06) Chq-NP Applied For 4. FEI Number 54-2164629 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADVANCED MANAGEMENT, INC OF SW FLORIDA Street Address (P.O. Box Number is Not Acceptable) 9031 TOWN CENTER PKWY BRADENTON, FL 34202 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PΩ TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME DANNA, CHARLES A JR NAME STREET ADDRESS 551 N CATTLEMEN RD - STE 202 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP VPD TILLE ☐ Delete TITLE Change Addition NAME ALLEGRA, ROBERT T NAME STREET ADDRESS STREET ADDRESS 551 N CATTLEMEN RD - STE 202 CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIE E. Michael CAMPBEL Change 55, N. Cattleman Bd. +200 STD Defete Sect tres TITLE SQUITIERI, ANTHONY J NAME NAME STREET ADDRESS 551 N CATTLEMEN RD - STE 202 STREET ADDRESS 5araso+7. F1 34232 CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP TITLE ☐ Change TITLE AS ☐ Delete ■ Addition WILSON, DOUGLAS E NAME NAME STREET ADDRESS 9031 TOWN CENTER PKWY STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME 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 it made under output that any amount 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 Burch 11 changed, or on an attachment with an address, with all other like empowered. 720/06--01038--004 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR