2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000000292 FILED MARBELLA AT SPANISH WELLS II CONDOMINIUM 08 ROY -4 AHII: 27 ASSOCIATION, INC. Lud lant of STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3050 HORSESHOE DRIVE NORTH 3050 HORSESHOE DRIVE NORTH **SUITE 275** SUITE 275 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 10212008 CR2E037 (12/06) Chq-NP City & State City & State 4. FEI Number Applied For 20-3214669 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bangon FAMILY PROPERTY SERVICES, INC. s Street Address (P.O. Box Number is Not Acceptable) 1330 RAIL HEAD BLVD 3050 North Horseshoe Suite 275 NAPLES, FL 34110 FL 34104 Naples City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change DP TITLE ☐ Delete TITLE Addition 900137627 11/04/08--01043--005 URICK, GIL NAME NAME **61.25 9150 SPANISH MOSS WAY #721 STREET ADORESS STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ■ Addition KNOUSE, LOU NAME NAME STREET ADDRESS 9150 SPANISH MOSS WAY #722 STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-SI-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition HENSTEIN, ROBERT NAME 28101 MANDOLIN COURT # 111 STREET ADDRESS STHEET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Defete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition 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 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. For the Board of Directors ATURE AND TYPED OR PRINTED NAME OF SIGNI 10/52/02 263-1577 SIGNATURE: