2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 12, 2003 8:00 am Secretary of State

1. Entity Nan	IMENT # NO5702 E CONDOMINIUM ASSOCIA	V			05-30-2	003 90081 044 **	**61.25
Principal Place % C-21 SUNBI 506 SW 47TH CAPE CORAL	TERRACE	Mailing Address % C-21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL FL 33914			11.	ეე სყ (V)U3
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE	IF MAKING CHANGES	;
City & State		City & State	City & State		Number 59-2702332	 	pplied For ot Applicable
Zip	Country	Zip ·	Country	5. Ce	ertificate of Status Desired	S8.75 Ad Fee Require	ditional ed
**.*	6. Name and Address of Curren	nt Registered Agent		7. Na	me and Address of New I	Registered Agent	
	Vitoria -		Name	-Yacol	a-Zonin	-	
ZUNINO, XUGUST 506 SW 42TH TERRACE CAPE 60RAL FL 33914			Street A	Street Address (P.O. Box Number is Not Acceptable) Centry 21 Sumbett Routh			
CAPE 60	URAL FC 33914		1	506	SW HTM	Terr	'
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	e named entity submits this statement tions of registered agent.	for the purpose of changing its r	egistered office o	r registered ağer	nt, or both, in the State of Fi	orida. I am familiar with,	and accept
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SIGNATURE	table Can	m			<u> २</u> १मा०३		
	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered Agent signat	ure required when reins	stating)	DATE	1
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	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co				ake Check Payable da Department of S	
10.	FILE NOW: FEE IS \$61.25	Trust Fund Co		Added Added		da Department of S	State
	OFFICERS AND D	Trust Fund Co	ontribution.	ADDITIO	to Fees Flori	da Department of S	State
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2.1 hereby certify that the information supplied with this filling 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 817, 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:

SIGNATURE AND TYPED OR PRINTED VAME OF BROWING OFFICER OR DIRECTOR

5-27-03

239-945-1001

Daytime Phone #