2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N09157 Apr 25, 2000 8:00 am Secretary of State PINE COVE OF SANIBEL CONDOMINIUM ASSOCIATION, IN 04-25-2000 90126 050 ****61.25 Principal Place of Business Mailing Address 2500 WEST GULF DR P O BOX 100 SANIBEL FL 33957 SANIBEL FL 33957-0100 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 59-2693701 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) JAMBECK, NICK 1633 PERIWINKLE WAY **STE 123** City Zip Code F SANIBEL FL 33957 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:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Change 🗆 Delete Elleen 60391-NAME NAME STEWART, ROBERT C., JR. STREET ADDRESS STREET ADDRESS 5 ASTU 166 RIVER ROAD JAUSAU CITY-ST-7IP CITY-ST-ZIP annandale nj ☐ Delete **Z**Change ☐ Addition STD TITLE TITLE NAME NAME CONOSCENTI, VINCE STREET ADDRESS STREET ADDRESS 541 NO.CARDINAL CITY-ST-ZIP CITY-ST-ZIP addison il dD☐ Delete Change ? VPD. TITLE ☐ Addition TITLE NAME NAME Kessel, Albert F. STREET ADDRESS STREET ADDRESS 6226 KINGS CROWN ROAD CITY-ST-7IP CITY-ST-7IP GRAND BLAC MI **∠**Addition ☐ Change TITLE Delete TITLE uck Smith #104 NAME SMITH, RANDALL NAME STREET ADDRESS STREET ADDRESS 8100 OAK GROVE ROAD CITY-ST-ZIP CITY-ST-ZIP GEORGETOWN OH **☑** nange Delete TITLE ☐ Addition HAsken NAME NASKEN, MICHAEL R NAME STREET ADDRESS STREET ADDRESS 11823 LAKESTONE WAY CITY-ST-ZIP CITY-ST-ZIP PROSPECT KY TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CR2E037 (9/99)