2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N14148** Aug 24, 2000 8:00 am Secretary of State 1. Entity Name THE PRESERVE AT MISTY CREEK HOMEOWNERS ASSOCIATI 08-24-2000 90003 047 ****61.25 Principal Place of Business Mailing Address 8789 MISTY CREEK BLVD 8789 MISTY CREEK BLVD SARASOTA FL 34241 SARASOTA FL 34241 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2782042 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUSSELL, JEFF P. O. BOX 49948 240 S PINEAPPLE AVE Zip Code City SARASOTA FL 34230 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Delete TITLE FRESIDENY . TITLE SMITH, RICHARD NAME TOM KAEDING NAME STREET ADDRESS STREET ADDRESS 8303 MAREVA LANE B7BI MIGTY CHEEK DIZ. SARASOTA. FL 34241 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 Delete TITLE BERRYMAN, RICHARD E. TED MAILTINES NAME NAME 8817 WILD DUNES DR 3616 WEBBER ST STE 205 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34232 SARAGOTA, FL 34241 CITY-ST-ZIP ☐ Change Addition FRANK ALGINSON Delete TITLE WILLIAMS, JÜHN NAME 8512 EAGLE PRESERVEWAY NAME STREET ADDRESS 8999 MISTY CREEK DRIVE STREET ADDRESS SARASOTA, FL 34241 SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change SAMUEL BLANK □ Delete D TITLE SINGER, CARMEN NAME 9036 MISTY CRECK DR NAME 8363 EAGLE CROSSING STREET ADDRESS STREET ADDRESS SARASOTA, FL 34241 CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ☐ Change Addition WAYNE EMIRRY DE BOSERVE WAY Delete D TITLE TITLE D NAME NAME STREET ADDRESS STREET ADDRESS SARASOTA, FL 34241 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE \mathbf{Q} TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

941-927-6605

Daytime Phone #