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

FILED Feb 24, 2003 8:00 am Secretary of State **DOCUMENT # N20297** 1. Entity Name 02-24-2003 90244 031 ****61.25 FLORIDA PALMS ASSOCIATION II, INC. Principal Place of Business Mailing Address 01671609 6565 GATEWAY AVE 6565 GATEWAY AVE STE. C STE. C SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 786 South Orange 786 Suuth Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0075066 Applied For barasot4 arasota Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ッシゲ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name____ CASWELL. CHRISTOPHER K Street Address (P.O. Box Number is Not Acceptable) 2364 FRUITVILLE ROAD SARASOTA FL 34237 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition ☐ Change MAYR, FRITZ NAME STREET ADDRESS 786 S. ORANGE AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST: ZIP TITLE DEORGE DANNAM Chang FAG S. URAWOE AUC LARASOTA, \$1, 34236 TITLE Change Addition WIEDEMANN, CÖRNELIUS NAME NAME STREET ADDRESS 786 S. ORANGE AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete HANNES, FRANK NAME STREET ADDRESS 786 S. ORANGE AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATUR

☐ Delete

5-3-5003

☐ Change

☐ Addition