2003 NOT-FOR-PROFIT CORPORATION

FILED May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N21929** 05-01-2003 90368 002 ****61.25 THE WINDWOOD AT PINE WOODS, GROUP TWO, CONDOMINI UM ASSOCIATION, INC. Principal Place of Business Mailing Address 303 FILLMORE ST 303 FILLMORE ST NAPLES FL 34104 NAPLES FL 34104 US 2. Principal Place of Business 3. Mailing Address TAMIAMI TRAIL E 5067 TAMIAMI TRAIL Suite, Apt, #, etc. Suite, Apt. #, etc M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2820058 Applied For Japles Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ひらら US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADKINS, WILLIAM H. 303 FILLMORE ST NAPLES FL 34104 NAPLES 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD Addition TITI F ☐ Delete TITLE ☐ Change SHAFFER, DAVID NAME NAME STREET ADDRESS 500 MISTY PINES #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 ☐ Delete TITLE Change TITLE. Addition. BELLI, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 500 MISTY PINES #203 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 PD. Delete TITLE ___ Change ___ _ Addition. Belli, Arthur NAME NAME STREET ADDRESS STREET ADDRESS 500 MISTY PINES #203 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 TITLE ☐ Delete TITLE Change ☐ Addition NAME MANUBAU, JOSEPH NAME STREET ADDRESS 500 MISTY PINES #205 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP **Addition** ☐ Delete ☐ Change TITLE TITLE FOREMAN, GEORGE 5067 TAMIAMI TRAIL E.

12. Thereby 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, w all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-71P

TITLE

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

NAPLES, FL.

Change

Addition