2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 03, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # **N28730** 1. Entity Name 03-03-2003 90865 029 ****61.25 TUSCANY AT THE VINEYARDS CONDOMINIUM ASSOCIATION . INC. Principal Place of Business Mailing Address 100 VINEYARDS BLVD. 400 VINEYARDS BLVD 70024372 NAPLES FL 34119 NAPLES FL 34119 Principal Place of Busines ineyards Blod, 3rd A A 3RS FL ineyards Suite, Apt. 6, etc Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0103863 Applied For Not Applicable Zip Country Zip 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 PMP OF SW FLATINC PMP OF SW FLA, INC. Street Address (P.O. Box Number is Not Acceptable) -- 100-VINEYARDS BLVD -attn:- nancy winkler Vineyards BIND NAPLES FL 34119 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD TITLE ☐ Delete TITLE ☐ Addition ☐ Change LONG, TOM NAME NAME STREET ADDRESS 102 TUSCANA CT STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Chance ☐ Addition AUBUCHON, BOB NAME NAME STREET ADDRESS 104 SIENA WAY #1408 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition D'ANNUNZIO, DOMINIC NAME NAME STREET ADDRESS 100 SIENA WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STRENGHOLT, PHILLIP NAME STREET ADDRESS 104 TUSCANA CT # 802 STREET ADDRESS CITY-ST-7IP NAPLES FL 34119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME GILLIS, MARY ANN NAME

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

102 SIERA WAY # 1304

NAPLES FL 34119

☐ Delete

Change

☐ Addition