2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am s Secretary of State **DOCUMENT # N28768** 1. Entity Name CALOOSA ISLES II CONDOMINIUM ASSOCIATION, INC. 04-13-2001 90008 037 ****61.25 Principal Place of Business Mailing Address 9854 CALOOSA YACHT & RACQUET CLUB DR 12650 WHITEHALL DR. 70047464 FORT MYERS FL 33907 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0009870 Not Applicable Zip Country Zip Country \$8.75 Additional 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) BENSON, MARK R 12650 WHITEHALL DR. FORT MYERS FL 33907 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DP ☐ X Mange ☐ Addition Delete TITLE TITLE MERGLER, HARRY NAME Mergler, Harry STREET ADDRESS 9658 HALYARDS CT #23 STREET ADDRESS 9658 Halyards Ct #23 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Fort Myers, FL 33919 STD Change XXddition Delete TITLE DILE DARE, DERRILL NAME Mulford, Gail NAME 9658 HALYARDS CT #13 STREET ADDRESS STREET ADDRESS 9604 Halyards Ct #11 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Fort Myers, FL 33919 SD Change Addition ☐ Delete TITLE VD TITLE CURRY, RICHARD NAME NAME Curry, Richard STREET ADDRESS 9656 HALYARDS CT #14 STREET ADDRESS 9656 Halyards Ctt#144 CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP Fort Myers, FL 33919 XX Change DVP ☐ Addition ☐ Delete TITLE TITLE D SABOLD, BETTY NAME NAME Sabold, Betty STREET ADDRESS STREET ADDRESS 9602 HALYARDS CT #22 9602 Halyards Ct #22 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Fort Myers,FL 33919 Delete TITLE Change ☐ Addition TITLE MURTHA, JOHN NAME NAME Murtha, John STREET ADDRESS 9656 HALYARDS CT #24 STREET ADDRESS 9656 Halyards Ct #24 CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP Fort Myers, FL 33919 ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 tradee 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR