2003 NOT-FOR-PROFIT CORPORATION

Mailing Address

NAPLES FL 34103

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 206

US

1044 CASTELLO DRIVE

Principal Place of Business

2. Principal Place of Business

1044 CASTELLO DRIVE

Suite, Apt. #, etc.

City & State

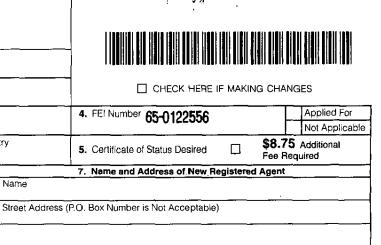
Zip

SUITE 206 NAPLES FL 33940

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UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N29018 05-05-2003 90297 001 ****61.25 1. Entity Name INTERLACHEN ON THE GREEN ASSOCIATION, INC.

FILED May 05, 2003 8:00 am § Secretary of State



SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103

FILE NOW: FEE IS \$61.25

Country

6. Name and Address of Current Registered Agent

| 3. | . The above named entity submits this statement for the purpose of changing its registered | d office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
|----|--|---|--------------------------------|
| | the obligations of registered agent. | | |

9. Election Campaign Financing

Trust Fund Contribution.

City

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

Zip Code

| | <u> </u> | | | | | | |
|----------------|----------------------------|----------|-----------------|---|--|-------------|-------------------|
| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGI | ES TO OFFICERS AND D | IRECTORS IN | l 10 |
| TITLE | SD | ☐ Delete | TITLE | | | Change | Addition |
| NAME | MEAD, WAYLAND | | NAME | | | | |
| STREET ADDRESS | 6760 PELICAN BAY BLVD 344 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | CITY-ST-ZIP | | | | |
| TITLE | PD | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | DIRUSSO, NICHOLAS | | NAME | | | | |
| STREET ADDRESS | 6760 PELICAN BAY BLVD. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | CITY - ST - ZiP | | en e | | |
| TITLE | D | ☐ Delete | TITLE | VD Rodgers, Amy | <u> </u> | Change | Addition |
| NAME | RODGERS, AMY | | NAME | Rodgers, Amy | | • | |
| STREET ADDRESS | 6760 PELICAN BAY BLVD #314 | | STREET ADDRESS | , , , | | | |
| CITY-ST-ZIP | NAPLES FL 34108 | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | TN _ | | Change | Addition Addition |
| NAME | | | NAME | balessio, Tony | 41 | | ′ |
| STREET ADDRESS | | | STREET ADDRESS | 6760 Pelican Bay | Blvd, 4223 | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Dalessio, Tony 6760 Pelican Bay Naples, FL 3410 | 8 | | |
| TITLE | | Delete | TITLE | , | | Change | ☐ Addition |
| NAME . | | | NAME | | | | • |
| STREET ADDRESS | | | STREET ADDRESS | J | | | |
| CITY-ST-ZIP | | _ | CITY-ST-ZIP | | • | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | ! |
| STREET ADDRESS | | | STREET ADDRESS | | | | i |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

12. I hereby certify that the information supplied with this filling 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 true-tee ampowered 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 all other like empowered.

SIGNATURE:

ENICHOLAS di RUSSO.

CR2E037 (10/02)