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

Feb 24, 2003 8:00 am Secretary of State **DOCUMENT # N29921** 02-24-2003 90938 002 ****61.25 SUSSEX ON THE BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 270 N COLLIER BLVD P.O. BOX 2397 MARCO ISLAND FL-83897 3 4145 MARCO ISLAND FL-83969- 341+6 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0318649 Applied For Zip Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent **EDMUND S. BYRT.** CHRISTOPHER BURT 990 CAPE MARCO DR Street Address (P.O. Box Number is Not Acceptable) GOI ELKCAM B-7 MARCO ISLAND, FL City Zip Code 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 2/6/03 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$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 TITLE ☐ Delete TITI E MATYASIK, JOHN A NAME Change ☐ Addition NAME 270 N. COLLIER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP DST TITLE ☐ Delete TITLE MCBRIDE, THOMAS NAME Change ☐ Addition NAME STREET ADDRESS 270 N. COLLIER BLVD STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Delete -TITLE MALIK, RICHARD NAME : Change ☐ Addition NAME STREET ADDRESS 37625 LAKEVILLE STREET ADDRESS CITY-ST-ZIP HARRISON TOWNSHIP MI 48045 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

2/6/03 239-642-8872

FILED