2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 10, 2000 8:00 am
Secretary of State
03-27-2000 90074 045 ****61.25

DOCUMENT # N37586

1. Entity Name

THE 315 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PETER F. TAYLOR 315 EAST OLYMPIA AVENUE PUNTA GORDA FL 33950	% PETER F. TAYLOR 315 EAST OLYMPIA AVENUE PUNTA GORDA FL 33950-3833

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% Juan Rivera, MD	% Juan Rivera, MD.
Suite, Apt. #, etc.: 315 E. Olympia Avenue #111	Suite, Apt. #, etc.: 315 E. Olympia Avenue #111
City & State: Punta Gorda	City & State: Punta Gorda, FL
Zip: 33950 Country: USA	Zip: 33950 Country: USA

4. FEI Number: 65-0185259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, PETER F. 315 E OLYMPIA AVE PUNTA GORDA FL 33950	Name: Juan Rivera, MD. Street Address (P.O. Box Number is Not Acceptable): 315 East Olympia Avenue #111 City: Punta Gorda **FL** Zip Code: 33950

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: Juan Rivera, MD President — DATE: 3/22/00

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD TAYLOR, PETER F. 315 E OLYMPIA AVENUE PUNTA GORDA FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Juan Rivera, M.D. 315 East Olympia Avenue Punta Gorda FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD TAYLOR, PETER CRAIG 624 W. MARION AVENUE PUNTA GORDA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Gloria Pierce 598 Bal Harbor Blvd. Punta Gorda, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, MARIA S. 315 E. OLYMPIA AVE. PUNTA GORDA FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Crawford Pierce 598 Bal Harbor Blvd Punta Gorda, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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.

SIGNATURE: SIGNATURE REQUIRED — 3/22/00 — 941-639-1640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Juan Rivera, MD, President — Date — Daytime Phone #