2004 NOT-FOR-PROFIT CORPORATION

FILED May 03, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # N39837 1. Entity Name 05-03-2004 90427 048 ****61.25 OZLYN GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2860 ARBUTUS STR NAPLES FL 33962 2860 ARBUTUS STR NAPLES FL 33962 3. Mailing Address 846 ARBLITUS ST. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For 4. FEI Number 65-0169071 Not Applicable \$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 CASEY, TIMOTHY 2836 ARBUTUS ST. Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34112 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 age SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE MORGAN, ROY Change Addition MORGAN, ROY NAME 2854 ARBUTUS ST 5854 ARBUTUS ST STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE SHINEBARGER, SHIRLEY NAME NAME 2850 ARBUTUS ST. STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete JULE Change ☐ Addition PATH DAVE REPATH; DAVE-NAME NAME 46 ARBUTUS ST. 2846 ARBUTOS ST. STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Change Addition DD F HALITGAN, JOHN NAME NAME ARBLACIS 51 2842 ARBUTUS ST STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CASEY, TIMOTHY NAME NAME 2836 ARBUTUS STREET STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME 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 exemptions to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or troutes employered 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 information.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP