2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2002 8:00 am **DOCUMENT # N46185** Secretary of State 1. Entity Name WESLEY PARK CONDOMINIUM ASSOCIATION, INC. 01-16-2002 90005 004 ****61.25 Principal Place of Business Mailing Address 1326 WESLEY DR 1326 WESLEY DR #133 PUNTA: GORDA FL 33950 PUNTA GORDA FL 33950 US 2. Principal Place of Business 3. Mailing Address 326 Wesley DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For DUNTA GONDA 65-0339973 Not Applicable Country \$8.75_Additional HARLOTTE 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEONARD, RONALD 1326 WESLEY DR. #133 😲 City **PUNTA GORDA FL 33950** Zip Code 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01)PD TITLE ☐ Delete TITLE Change LEONARD, RONALD ☐ Addition LEONARD, RONALD NAME NAME 1326 Wesley Dr. STREET ADDRESS 1326 WESLEY DR. #133 STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Delete TITLE TITLE ☐ Change ☐ Addition KILLINGBECK, CHARLES 1 NAME NAME STREET ADDRESS 1326 WESLEY DR #131 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA-FL-33950 CITY-ST-ZIP STD TITLE Delete TITLE Addition Change Change BRETSNYER, GLEN ASHTON, WILLIAM NAME NAME 1326 Wesley M # 122 STREET ADDRESS 1326 WESLEY DRIVE, #123 STREET ADDRESS PUNTA GORDA, EL 33950 PUNTA GOADA FL 33950 CITY-ST-ZIE CITY-ST-ZIP TITE F ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 PRONHOD LEON ARD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR