2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # N9300005615 1. Entity Name THE PATIO HOMES OF SOUTH SHORE VILLAGE HOMEOWNER 02-13-2001 90569 043 ****61.25 Principal Place of Business Mailing Address 12600 HARBOUR RIDGE BLVD. 12600 HARBOUR RIDGE BLVD. PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0456991 Not Applicable Zip Country Country \$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 Name Street Address (P.O. Box Number is Not Acceptable) NEARY, MICHAEL E 12600 NW HARBOUR RIDGE BLVD SUITE 2-A Zip Code PALM CITY FL 34990 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DP ☐ Addition ☐ Delete TITLE TITLE VOLANDT, MARTIN J NAME NAME STREET ADDRESS STREET ADDRESS 12376 HARBOUR RIDGE BLVD CITY-ST-ZIP CITY-ST-7IP PALM CITY FL Addition ☐ Change DST TITLE Delete 🕽 🕽 TITLE Cantrell, Joseph D. JURIST, MICHAEL NAME NAME 12310 Harbour Ridge Blyd Polm City FL 34990 12331 HARBOUR RIDGE BLVD STREET ADDRESS STREET ADDRESS City-st-zip PALM CITY FL 34990 CITY-ST-ZIP Addition DST TITLE Delete TITLE Donna WARNER, C. RANDOLPH JUNIST. NAME NAME 12331 Harbour Ridge Blad STREET ADDRESS 12332 HARBOUR RIDGE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

