2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am - Secretary of State DOCUMENT # N9400000855 1. Entity Name N.T.T. LOT OWNERS' ASSOCIATION, INC. 04-30-2001 90134 043 ****61.25 Mailing Address Principal Place of Business % W. KIRK BECK % W. KIRK BECK 1832 VICTORIA AVE. 1832 VICTORIA AVE. B0042440 FORT MYERS FL 33901 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Post Office Box 61605 Abst Office Box 61605 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Fort Muers Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33906 33906 usA 11 S A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIK Beck Street Address (P.O. Box Number is Not Acceptable) BECK, W. KIRK 1329 Melalence 1832 VICTORIA AVE. Fort Myers 33901 FORT MYERS FL 33901 Zip Code City 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 e of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Change** ☐ Addition **DPST** Delete TITLE TITLE NAME BECK, W. KIRK NAME 1329 melaleuca Lane STREET ADDRESS STREET ADDRESS 1832 VICTORIA AVE. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 Change **DVP** ☐ Delete TITLE TITLE NAME WEATHERS, ERNEST W STREET ADDRESS STREET ADDRESS 1533 HENDRY STREET, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 TITLE Change Change ☐ Addition ☐ Delete NAME 18770 old Bayohore Road North Fort Myers, I-L 33917 MILLER, KATHY NAME STREET ADDRESS STREET ADDRESS **1832 VICTORIA AVENUE** CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

changed, or on an attachment with an address with at other like empowered.

SIGNATURE: SIGNATURE REQUIRED W. Kirk Beck 4/23/01 941-410-8413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date Phone 4