02 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2002 8:00 am[§] Secretary of State CUMENT # **N94000004803** BETHANY TRACE OWNERS' ASSOCIATION, INC. 05-23-2002 90103 026 ****70.00 Principal Place of Business Mailing Address C/O MARQUIS MANAGEMENT, INC. C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DR #100 9400 GLADIOLUS DR #100 FT. MYERS FL 33908 FT. MYERS FL 33908 US 2. Principal Place of Business 3. Mailing Address O Prime MANAGEMENT Clo Prime MANAgement DO NOT WRITE IN THIS SPACE 9400 Gladiolus Dr. STE 100 400 Gladiolus Applied For 4. FEI Number City & State 65-0523184 ORT MYETS, ORT MYETS Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired UŚA 3908 33908 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'Neill, eet Address (P.O. Box Number is Not Acceptable) O Prime Management NATIELLO, JOHN A 226 E JOEL BLVD 9400 Gladiolus Drive 100 **LEHIGH ACRES FL 33972** myers, 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) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS (9/01) PD 🖬 Delete ア/0 ☐ Change X Addition TITLE DAVID KRAICGRUN ALLISON, JANET NAME 2695 HACKNEY ROAD **CR2E037** STREET ADDRESS STREET ADDRESS 226 E JOEL BLVD CITY-ST-7IP WESTON, FL 33331 CITY-ST-ZIP LEHIGH ACRES FL 33972 VID ☐ Change Addition VTD Delete TITLE Eddy GARCIA NATIELLO, JOHN NAME W ISAM 4225 STREET ADDRESS STREET ADDRESS 226 E JOEL BLVD CITY-ST-ZIP.≈-æ #101 HIALEAH, F. 330,2 CITY-ST-ZIP LEHIGH ACRES FL 33972 5/7 Delete TITLE ☐ Change Addition DOWNS, SUE NAME Edy HERNANDE STREET ADDRESS STREET ADDRESS 226 E JOEL BLVD CITY-ST-ZIP CITY-ST-ZIP 33012 **LEHIGH ACRES FL 33972** ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME

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 leport 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 truffee 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 attachm with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

- REQUIRED

10.

TITLE

NAME

TITLE

NAME

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

Addition

☐ Change

☐ Delete