2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2000 8:00 am Secretary of State DOCUMENT # N9400005366 CLARIDGE JUPITER ISLAND CONDOMINIUM ASSOCIATION, 02-16-2000 90118 031 ****61.25 Principal Place of Business Mailing Address 19950 BEACH RD 19950 BEACH RD JUPITER FL 33469-2879 JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0533204 Not Applied th Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RICHARD LEE FLORA MANAGER 19950 BEACH RD **TEQUESTA FL 33469** 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. SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE NAME NAME CERASOLI, ROGER STREET ADDRESS STREET ADDRESS 19950 BEACH RD 5 CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL ☐ Change Addition TITLE VD. ☐ Delete TITLE NAME GORDON, JOHN NAME STREET ADDRESS STREET ADDRESS 19950 BEACH RD 85 CITY-ST-7IP CITY-ST-ZIP TEQUESTA FL TITLE SD ☐ Delete TITLE Change Addition NAME RITA, WILLIAM NAME STREET ADDRESS STREET ADDRESS 19950 BEACH RD 45 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME JEFFER, HERMAN STREET ADDRESS STREET ADDRESS 19950 BEACH RD 8N CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL TITLE ☐ Delete ☐ Change Addition NAME **CUNNINGHAM, BILL** STREET ADDRESS STREET ADDRESS 19950 BEACH RD 95 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL ☐ Delete ☐ 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.

SIGNATURE