2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004488

1: Entity Name

Principal Place of Business

CMCC-SOUTH OWNERS' ASSOC



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90737 001 ****30.63 01-13-2003 90737 002 ****30.62

CIATION, INC.	
Mailing Address	
4589 ORANGE RIVER LOOP RD FORT MYERS FL 33905	
3. Mailing Address	

				4589 ORANGE RIVER LOOP RD FORT MYERS FL 33905								
Principal Place of Business 3. I				ng Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State			City	City & State			4. FEI Number 65-0609572 Applied For]
Zip	Zip Country Zi			ip Country			Not Applicable Sertificate of Status Desired					
ļ	6. Name	and Address of Current F	Reaisterea	i Agent	·· T		7 Name and	Address of New	Registered			1
		17			N	ame	T. Mario and	Addition of New	riogiatei eu	Agent		ł
WINESETT, RICHARD W 2248 FIRST ST.						ss (P.O. Box Number is Not Acceptable)						
FT. MYE	RS FL 3390	1										1
					C	ity			FL	Zip Cod	le	
the obliga	itions of registe	submits this statement for ered agent.	the purpo	se of changing its r	egistered of	fice or registe	red agent, or both	h, in the State of F	orida. I am	familiar with,	and accept	
SIGNATURE		or printed name of registered agent an	nd title if applic	eable. (NOTE:	Registered Ager	nt signature require	d when reinstating)		DATE			
FILE NOW: FEE IS \$61.25			9. Election Cam Trust Fund Co	_	· —	\$5.00 May Be			k Payable		j	
				nust rund Co	ntribution.	Ш	Added to Fees	Flori	da Depar	tment of S	State	
		OFFICERS AND DIRE	ECTORS	Trust Fund Co	11.			Flori				
•	DPT		ECTORS	Delete								5
10. TITLE NAME	HAYES, PA	TRICK J			11.					RECTORS IN	10	40/03)
10. TITLE NAME STREET ADDRESS	HAYES, PA 12995 S. C	TRICK J LEVELAND AVE., STE. :			11. TITLE NAME STREET ADD	DRESS				RECTORS IN	10	07 (10/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYES, PA 12995 S. C FT. MYERS	TRICK J LEVELAND AVE., STE. :		☐ Delete	11. TITLE NAME STREET ADD	DRESS				RECTORS IN	10 Addition	00/00/
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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:

239-693-5919