T2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N95000005474 FILED Villas at Country Creek II Homeowners SEURETARY OF STAIL Association UIVISION OF CORPORATIONS 01 MAR 22 PM 2: 02 Principal Place of Business Mailing Address Marquis Management, Inc. 9400 Gladiolus Drive, Suite 100 Ft. Myers, F1 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip 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 Marquis Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 9400 Gladiolus Drive, Suite 100 Ft. Myers, FL 33908 Warren Jensen 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be , Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change TITLE DP Ralph Hutchins 600003923646 NAME NAME 20679 Country Barn Drive -03/28/01--01042--021 STREET ADDRESS STREET ADDRESS Estero, FL 33928 ****367.50 CITY-ST-ZIP CITY-ST-ZIP ****367.50 Addition Change TITLE ☐ Delete TITLE DV Gino Forchielli NAME NAME 20691 Country Barn Drive STREET ADDRESS STREET ADDRESS Estero, FL 33928 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete DT Doris Mann NAME NAME 20689 Country Barn Drive STREET ADDRESS STREET ADDRESS Estero, FL 33928 CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete DS Bonnie Mooney NAME NAME 20658 Candlewood Hollow STREET ADDRESS STREET ADDRESS CITY - ST- ZiP Estero, FL 33928 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition William Napier NAME NAME 120636 Candlewood Hollow Compa JTREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Estero, FL 33928 TITLE ☐ 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 dealify for the exemption stated on this report or supplemental report is true and accurate and that this style straight are elegal 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 todailed by Character or director of the corporation or the receiver or trustee empowered to execute this report as todailed by Character or director or an attachment with an address, with all other like empowered to execute this report as todailed by Character or director or director or the receiver or trustee empowered to execute this report as todailed by Character or director o

Date

Daytime Phone #

SIGNATURE: