2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N95000005599 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name 951 Commerce Center Property Owners Association, Inc. 04-14-2000 90129 034 ****61.25 Principal Place of Business Mailing Address 4501 Tamiami Tr. N. c/o William J. O'Connor, C.P.A. 4501 Tamiami Trail N., #204 Naples, Florida 34103 Naples, Florida 34103 C0061817 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 65-0668590 Not Applicable Zip Country 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 William J. O'Connor Street Address (P.O. Box Number is Not Acceptable) 4501 Tamiami Trail North, #204 Naples, Florida 34103 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE PD☐ Delete TITLE Change NAME NAME Rick Appelquist STREET ADDRESS STREET ADDRESS 258 Southhall Lane, #130 CITY-ST-ZIP CITY-ST-ZIP <u>Maitland, FL 32751</u> ☐ Addition TITLE ☐ Channe TITLE STD NAME NAME William O'Connor STREET ADDRESS STREET ADDRESS 4501 Tamiami Trail North, #204 CITY-ST-ZIP CITY-ST-ZIP Naples Florida 34103 TITLE Change ☐ Addition TITLE Delete VD NAME NAME Robert Smith STREET ADDRESS STREET ADDRESS 258 Southhall Lane, Suite 130 CITY-ST-ZIP CITY-ST-ZIP <u> Maitland, Florida 32751</u> Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 are flusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR