2003 NOT-FOR-PROFIT CORPORATION

FILED Apr 17, 2003 8:00 am ับNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # N9600002002 04-17-2003 90207 041 ****61.25 VILLAS I AT GLEN ABBEY ASSOCIATION, INC. Principal Place of Business Mailing Address C/O NEWELL PROPERTY MGMT C/O NEWELL PROPERTY MGMT 5435 JAEGER RD. #4 5435 JAEGER RD. #4 NAPLES FL 34109 NAPLES FL 34109 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0674110 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 NEWELL, WILLIAM --4448A-CORPORATE-SQUARE NAPLES FL 34104 8. The above named entity submits this state ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name registered agent and title if applicable. (NOTE: Registered Agent signature requi 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition Change 🗹 Delete TITI F TITLE STONE, DANIEL NAME NAME STREET ADDRESS 8787-NAPLES HERITAGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104~ ☐ Delete Change TITLE Addition TITLE Clauw, Joseph NAME NAME STREET ADDRESS STREET ADDRESS 8854 NAPLES HERITAGE DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Addition ☐ Delete TITLE TITLE O'BRIEN, PATRICIA NAME NAME Drive 8731-NAPLES HERITAGE DR IVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Change ☐ Addition ☐ Delete TITLE TITLE **RAMUNDO, PETER.** NAME NAME STREET ADDRESS 8788_NAPLES HERITAGE DRIVE STREET ADDRESS NAPLES FL 94104 CITY-ST-7IP CITY-ST-ZIP Addition Delete TITLE NAME SPITZ, JACK NAME

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

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

8850 NAPLES HERITAGE DRIVE

NAPLES FL 34104

Delete

3/10/03 239-732-2004

Change

☐ Addition