2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005131 May 17, 2000 8:00 am Secretary of State 1. Entity Name THE GARDEN HOMES AT BAYSIDE PROPERTY OWNERS ASSO 05-17-2000 90923 034 ****61.25 Principal Place of Business Mailing Address 10221 HIGHWAY 98 WEST 10221 HIGHWAY 98 WEST SUITE 23 SUITE 23 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3540958 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GELDER, JAY B 10221 HIGHWAY 98 WEST SUITE 23 Zip Code City DESTIN FL 32541 eatity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named SIGNATURE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 11 esident Change Delete Addition TITLE TITLE NAME Ron Stewart NAME RAUS, GENE STREET ADDRESS STREET ADDRESS 90 Hobiscus Leal 35 HIBISCUS LANE CITY-ST-ZIP CITY-ST-ZIP Destin PL 32541 DESTIN FL 32541 -Tres **X** Addition TITLE Change vpd P Delete TITLE. NAME vich, sharrutt NAME Macmanus, John STREET ADDRESS 109 Hibiscus lane Destin FL-38541 STREET ADDRESS 49 HIBISCUS LANE CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Delete Addition STD VIEL TITLE TITLE NAME NAME PAINTER, KATE STREET ADDRESS STREET ADDRESS 70 HISBISCUS LANE CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

12. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 850-654-3325