FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2001 8:00 am Secretary of State DOCUMENT # N9700002650 1. Entity Name 4-07-2001 90029 017 ****61.25 THE MARTINIQUE III AT TARPON COVE CONDOMINIUM AS Principal Place of Business Mailing Address 24301 WALDEN CENTER DRIVE 24301 WALDEN CENTER DRIVE SUITE 300 SUITE 300 D0032683 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Property Management Property Management 265 Airport Road South 265 Airport Road South 4. FEI Number Applied For 59-3450182 Naples FL 34104 Naples FL 34104 Not Applicable Country 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 RASP PROPERTY MIRUBGEMENT Property Management Street Address (P.O. Box Number is Not Acceptable) HASTINGS, VIVIEW N 265 Airport Road South 24301 WABLEN CENTER DR Naples FL 34104 **STE 300** BONITA SPRINGS FL 34134 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD Delete TITLE TITLE ☐ Addition ROBERT PITTS HAYDEN, KENNETH W NAME NAME 1045 TARPON CON DR. \$103 24301 WALDEN CENTER DRIVE, SUITE 300 STREET ADDRESS STREET ADDRESS NARUES, A. 34110 CITY- ST-7IP **BONITA SPRINGS FL 34134** CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change ED JACUES OAK, TIMOTHY NAME NAME 1035 TARPON COVEDA. # 103 24301 WALDEN CENTER DRIVE, SUITE 300 STREET ADDRESS STREET ADDRESS NOPLES FI CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP STD Delete STD TITLE Change ☐ Addition DIENE MINAHAN 1035 TARPON COVE DI HOY **BLAIR, YVONNE** STREET ADDRESS 24301 WALDEN CENTER DR, STE 300 STREET ADDRESS NARUES, A. 34110 CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition MCCALL, THOMAS NAME STREET ADDRESS 24301 WALDEN CENTER DR. STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Zi₽

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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27.6, 94/~583~5800 Daylor Phone #