2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURES

May 04, 2005 8:00 am Secretary of State DOCUMENT # N97000002940 1. Entity Name 05-04-2005 90165 024 ****61.25 NANTUCKET V CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 50047376 STERLING MANAGEMENT, INC STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For 4. FEI Number City & State City & State 59-3481084 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Law Offices of James R. De Furio, P.A. DE FURIO, ESQ., JAMES R 201 East Kennedy Boulevard 101 E. KENNEDY BLVD., STE 3000 **Suite 1460 TAMPA FL 33602** Tampa, Florida 33602 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Redistered Agent signature required when reinstating) no of registered agent and title if applicable FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 PD X Addition Delete TITLE Change Cutter, Dave MILLER, ED NAME NAME 1016 Newpoint Loop 2211 NANTUCKET DR. STREET ADDRESS STREET ADORESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-7IP <u>Sun City Center, FL 33573</u> Addition Change TITLE TITLE Delete THATE, ROBERT Baumann, Helen 2616 Newcomb Ct. NAME NAME 2623 NEWCOMB CT. STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP Sun City Center, Fl 335<u>73</u> CITY-ST-ZIP Delete Change Addition LAHTI, EMILY Shiner, Bertram 2205 Nantucket Dr. NAME NAME 2215 NANTUCKET DR. STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY - ST- 7IP Sun city center, FL 33573 Change 🗖 Addition TATLE Delete TITLE cutler, Joan CUTLER, JOAN NAME MAME 21016 NEWPOINT LP. STREET ADDRESS 1016 Newpoint Lp. STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-7IP Sun City Center, FL 33573 Delete ☐ Addition TITLE TITLE SHINER, BERTRUM NAME NAME 2205 NANTUCKET DR. STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY - ST- 7IE Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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Date Deputrus Phone #