2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N97000004230 Apr 14, 2000 8:00 am Secretary of State SUTTON WALK AT LEXINGTON CONDOMINIUM ASSOCIATION 04-14-2000 90022 018 ****61.25 Principal Place of Business Mailing Address 17380 WINKLER RD. 17380 WINKLER RD. FT. MYERS FL 33908-6000 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 16257 WILLOWCREST 16257 WILLOWCREST WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0734979 FORT Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33908 33908 USA Fee Required USA 7.- Name and Address of New Registered Agent---- 6. Name and Address of Current Registered Agent-Name BARBARA ENGLAND Street Address (P.Q. Box Number is Not Acceptable) DARRAGH, JEFF 17380 WINKLER RD. 1625 7 WILLOWCREST WAY FT. MYERS FL 33908 Zip Code 33908 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DP ☐ Delete TITLE ☐ Addition TITLE NAME NAME DARRAGH, JEFF STREET ADDRESS STREET ADDRESS 17380 WINKLER RD. CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33908 ☐ Change ☐ Addition DV. TITLE Delete TITLE NAME GNAGEY, JOHN NAME STREET ADDRESS STREET ADDRESS 17380 WINKLER RD." CITY-ST-ZIP CITY-ST-ZIF FT. MYERS FL 33908 TITLE DST Delete TITLE Change ☐ Addition NAME SKIERA, ANDREA NAME STREET ADDRESS STREET ADDRESS 17380 WINKLER RD. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 TITLE Delete JAMES HIXON ☐ Change Addition EVERLY, VERNON 17100 BRIDGESTONE CT # 307 STREET ADDRESS STREET ADDRESS 9101 SOUTHMONT COVE 404 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appears with all other like empowered.

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RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE: