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DOCUMENT # N9700004918

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90254 015 \*\*\*\*61.25

1. Entity Nam	e DEL SO	_ AT LAS BRISAS		NIUM						Applied For Not Applicable \$8.75 Additional Fee Required  red Agent  Tel Zip Code 135  am familiar with, and accept  Are heck payable to epartment of State  D DIRECTORS IN 10	
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSEHSOE DR S,# 215 NAPLES, FL 34104 US			NAPLES, FL 34104 US  No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc. 03162007 Chg-NP CR2E037 (12/06)  City & State 4. FEI Number 65-0820746 Not Applicable  Country Zip Country 5. Certificate of Status Desired 58.75 Additional Fee Required  I Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required  Street Address (P.O. Box Number is Not Acceptable)  CITy SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY Street Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  Address of Current Registered Agent and Ind I applicable to Provide Address (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  Make Check payable to Florida Department of State  Florida Department of State  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box Number is Not Acceptable)  CITY SOLID CITY STREET ADDRESS (P.O. Box N	C/O RESORT MANAGEMENT 2685 HORSEHSOE DR S,# 215			1 '				
2. Principal P	tace of Busin	3. Mailing Address					<b>   </b>				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03162007	03162007 Chg-NP CR2E037 (12/06)				
City & State		City & State			05 0000740						
Zip		Country	Zip Country			5. Certificate of	Status Desired				
	6. Name	and Address of Current	Registered Ag	ent			7. Name and Address of New Registered Agent				
WAHNER, 9110 202 L BONITA S	_AS VEĢ/ PRINGS,	AS CT FL 34135				Street Addre	- 202 L	as Loga ags	JS (C	)U ( 7) Zip Code	L 1135
	ions of regis	tered agent.	Eu.	$\wedge$	_			, in Lude State of Fl	orida. I am fam 4//4/6 DATE	niliar with, a	nd accept
					Added to Fees Florida Department of State				ate		
10.		OFFICERS AND DI	RECTORS	1	11.			NGES TO OFFICE	ERS AND DIRE	CTORS IN	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9110-202	R, ROBERT LAS LAGOS CT SPRINGS, FL 34135	\ 	Delete	NAM! STRE	ET ADDRESS 0					Addition
i .	1.00			_			( <i>(11</i> )		<b>—</b>	70 0	

CHE AND

WP ۷Ď TITLE √ Change TITLE ☐ Delete Addition TRAYCHAK, STEPHEN NAME NAME 9131-101 LOS LOGAS CT STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP DST | change the change of the Addition ☐ Change TITLE ST Delete TITLE KROUGH, WALTER NAME NAME 9110-201- LOS LOGAS CT STREET ADORESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP Change ■ Addition ☐ Defete TITLE TITLE 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytene Phone #

7 2007 14:02

P. 07

4001005828

Orion Bank	CORPORATE AUTHORIZATION RESOLUTION
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Pine Ridge Office

1905 Pine Ridge Road

Puesta Del Sol at Las Brisas Condominium

2685 Horseshoe Dr S #215

Naples, FL 3410	)9	# 19700004	Nep	les FL 34104	.,	•
Referred	to ir	this document as "Financial Institution"		Referred to in this do	cument as "Corp	oration*
Kenneth Daltor	<u></u>	, certify ti	hat I am Secretary (clerk	) of the above named or	orporation organiz	ed under the laws o
Florida		, Federal Employer	I.D. Number <u>65-08207</u>	46 engage	d in business und	er the trade matter of
Puesta Del Sol a	ıı Laş	Brisas	, and that the reso	lutions on this documer	it are a correct co	py of the resolutions
These resolutions	appe	f the Board of Directors of the Corporation ar in the minutes of this meeting and have	not been rescinded or m	nodified.		(date).
AGENTS Any age	ent ke	ted below, subject to any written limitation	na, is authorized to exer	ise the powers granted	ee indicated belo	w:
	Ne	me and Title or Poeltion	Sig	Ineture:		ille Signature
A. Edward Delse	DID:	President	x 876%		. " x	(f <b>yşed)</b>
B. Stephen Troy	chak	Vice-president				
C Konneth Dale		Secretary/Treasurer	* Such	Droot:	×	
D. Robert Roser	10W	Manager	x Tolatoro	ann .	×	
E: ·			х		X	
f			×		×	
POWERS GRANT Following each po Indicate A, B, C, D, E, and/or F	wer i	Attach one or more Agents to each power ndicate the number of Agent signatures re- cription of Power	er by placing the letter of quired to exercise the po	corresponding to their i	name in the area	before each power. Indicate number of
N/A	(1)	Exercise all of the powers listed in this re-	edution		<del>-</del>	N/A
	. 117	LACTURE OF THE POWERS NOTICE IT THE TO				
ABCD	(2)	Open any deposit or share account(s) in t	he name of the Corporet	tion.	<b>:</b> .	<u> </u>
ABCD	(3)	Endorse checks and orders for the payme with this Financial Institution.	nt of money or otherwis	e withdraw or transfer t	funds on deposit	· 1
N/A	(4)	Borrow money on behalf and in the name or other evidences of indebtedness.	of the Corporation, sign	, execute and deliver pr	omissory notes	N/A
N/A	(5)					
N/A	(6)	Enter into a written lease for the purpose Deposit Box in this Financial Institution.	of renting, meintaining,	accessing and terminati	ng a Safe	N/A
N/A	(7)	Other			<del>-</del>	N/A
	•		<del></del>	<del></del>	·	

LIMITATIONS ON POWERS. The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 03/07/2007 . If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY.

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

It checked, the Corporation is a non-profit corporation.

in Witness Whereof, I have subscribed my name to this document and affixed the scal

(date). Attest by One Other Officer

© 1985, 1997 Bankers Systems, Inc., St. Cloud, MN Form CA-1 6/12/2002

ORION BANK Fax: 239-598-4044	Mar 7 2007 14:02 P.06
ATTACH	MENT 400/1036
Orion Bank Pine Ridge Office	NUMBER 4001005828
1905 Pine Ridge Road # N97-00000 40	10
Naples, FL 34109	
OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select one and	Puesta Del Sol at Las Brisas Condominium
Single-Party Account Multiple-Party Account	Association Inc
Multiple-Party Account - Tenancy by the Entireties Trust-Separate Agreement Dated:	C/O Resort Management
Trust Separate Agreement Dated.	2685 Horseshoe Dr S # 215
Bullion Ar Aballa	Naples FL 34104
RIGHTS AT DEATH (School one and Initial):  Single-Party Account	
Single-Party Account With Pay-on-Death Designation	Non-Profit Elite Checking
(name beneficiaries below) Multiple-Party Account With Right of Survivorship	☐ NEW ☑ EXISTING TYPE OF ☑ CHECKING ☐ SAVINGS
Multiple-Party Account With Right of Survivorship and	ACONUMS
Pay-on-Death Designation (name beneficiaries below)	□ NOW □
NAME OR NAMES OF BENEFICIARIES:	This is your (check one):    This is your (check one):
THORE OF PERSONALES:	
	Number of signatures required for withdrawal
	FACSIMILE SIGNATURE(S) ALLOWEDT YES. X. NO
OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE	SIGNATURE(S) - The undersigned gares to the terms stated on every
Sole proprietorship Partnership  Si corporation: For profit D not for profit	SIGNATURE(S) The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agracy prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosurs(s);
UMITED LIABILITY COMPANY	prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the
RICENSES. Condominium Account	terms of the following disclosure(s);  Deposit Account D Funds Availability D Tight in Savings
BUSINESS: Condominium Account COUNTY & STATE Collier, Florida OF ORGANIZATION:	☐ Electronic Fund Transfers ☐ Privacy ☐ Substitute Checke
AUTHORIZATION DATED: 3/7/2007	
Date Updated DATE OPENED 03/07/2007 By Adriana Arizmendi	Edward Delson
DEFOSIT \$ CASH	(1): Lx 3000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOME TELEPHONE # 239-592-1577	l.D. # p.o.8
E-MAIL	Stephen Troychak
EMPLOYER	(2):
Name and address of someone who will always know your location:	
	I.D. #
BACKUP WITHHOLDING CERTIFICATIONS	Kenneth Dalton
TIN:650820746	(3): Lx Angunder
XI TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TiN) is my correct taxpayer identification	I.D. #
number.	[ Robert Rosestow)
BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am	(4): X
subject to backup withholding as a result of a failure to report all interest or dividends, or the internal Revenue Service has notified	latite Nosaver
me that I am no longer subject to backup withholding.	1.D. # 000 0.0.B.
EXEMIT RECIPIENTS I am an exempt recipient under the internal Revenue Service Ragulations.	Convenience Account Agent (Single-Party Accounts Only)
SIGNATURE: I certify under penalties of perjury the statements	
checked in this section and that I am a U.S. person (including a U.S. realdent step).	
(Date)	I.D.#
C1992 Bankers Systems, Inc., St. Cloud, MN Form MFSC-Laz-PL 4/19/200-	4(page 1 of 2)

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THE CONTRACTOR OF THE PROPERTY ASSESSMENT OF THE PARTY OF

P. 09

4000406209

ATTACHMENT CORPORATE AUTHORIZATION RESOLUTION

Pine Ridge Office

Orion Bank

11117777031

Ву:

Puesta Del Sol at Las Brisas Condominium

Kenneth Dalt	OD.	, certify that I am Secre	stary (clerk) of the above named corporal	for any and the desired and the state of the	
Florida		, Federal Employer I.D. Number	65-0820746 engaged in bu	isiness under the trade name	
Puesta Del So		, and the	at the resolutions on this document are a	correct copy of the resoluti	
These resolution	is app(	f the Board of Directors of the Corporation duly and prop ar in the minutes of this meeting and have not been resci	verty called and held on 03/07/2007		
GENTS Any a	gent li	ted below, subject to any written limitations, is authorize	ed to exercise the powers granted as ind	icated below:	
		ne and Title or Position	Signature	Facsimile Signature	
				(if used)	
Edward De	son	President x	600 X		
Stephen Tro	ychak	Vice-president x	X		
Kenneth Da	lton	Secretary/Treasurer x	metin Dred = x		
Robert Ros	inow	Manager x lak	The Rosense	MI 1	
		^ Alexander			
". <del></del> .	F 1	×	×		
· <del></del>	<del>,,</del>	X X	x	·	
ndicate A, B, C, ), É, and/or F N/A	_	Exiption of Power	<del>,</del> ,	Indicate number signatures requi	
	_ (1)	Exercise all of the powers listed in this resolution.	* .	N/A	
ABCD	_ (2)	Open any deposit or share account(s) in the name of the	· Corporation,	1	
ABCD	<b>~</b> (3).	Endorse checks and orders for the payment of money or with this Financial Institution.	otherwise withdraw or transfer funds o	n deposit 1	
With this Financial Institution.  N/A  (4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.					
_	,	Endorse, assign, transfer, mortgage or pledge bills receiv	vable, warehouse receipts, bills of lading	, stocks, N/A	
N/A	_ (5)	bonds, real estate or other property now owned or heree security for sums borrowed, and to discount the same, t	unconditionally quarantee payment of all	bille	
N/A	_ (6)	received, negotiated or discounted and to waive demand	i, presentment, protest, notice_of.protes:		
N/A N/A	(6)	notice of non-payment. Enter into a written lease for the purpose of ranting, mail	<u> </u>	ife <u>N/A</u>	
	(6)	notice of non-payment.	<u> </u>	N/A N/A	
N/A	_ (6)			and	

EFFECT ON PREVIOUS RESOLUTIONS This resolution supera	ledes resolution dated <u>U3/U1/2001</u> .	If not completed, all resolutions remain in effect
CERTIFICATION OF AUTHORITY  Further certify that the Board of Directors of the Corporation adopt the resolutions on page 2 and to confer the powers gr	has, and at the time of adoption of this raited above to the persons named who	resolution had, full power and lawful authority to have full power and lawful authority to exercise
the same. (Apply seal below where appropriate.)		
Alf checked, the Corporation is a non-profit corporation.	In Witness Whereof, I have subscribed	my name to this document and affixed the sea
•	al the Companion on	A

Fax: 239-598-4044 CHNENT 7 2007 14:02

Pine Ridge Office ///) 77() 26	NUMBER 4000406209
1905 Pine Ridge Road	
Naples, FL 34109 # 1877-0000 4918	ACCOUNT OWNER(S) NAME & ADDRESS
OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Seper one and	Puesta Del Sol at Las Brisas Condominium
initial):  Single-Party Account Multiple-Party Account	Association Inc
Multiple-Party Account - Tenancy by the Entireties	C/O Resort Management
Trust-Separate Agreement Dated:	2685 Horseshoe Dr S # 215
	Naples FL 34104
RIGHTS AT DEATH (Select one and initial):	
Single-Party Account Single-Party Account With Pay-on-Death Designation	Other Savings Accounts
(name beneficiaries balow)	□ NEW ☑ EXISTING
Multiple-Party Account With Right of Survivorship	TYPE OF THE CHECKING SAVINGS
Multiple-Party Account With Right of Survivorahip and Pay-on-Death Designation (name beneficiaries below)	ACCOUNT MONEY MARKET CERTIFICATE OF DEPOSIT
	□
Multiple-Party Account Without Right of Survivorship  NAME OR NAMES OF BENEFICIARIES:	This is your (check one):
MAINE ON MANIES OF DENEFICIARIES:	
A sept of the second of the se	Number of signatures required for withdrawal
	FACSIMILE SIGNATURE(S) ALLOWED? . YES X NO.
And the second s	<b>,</b>
	1,
OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE	CICNATURE (D)
SOLE PROPRIETORSHIP PARTNERSHIP	SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The
S CORPORATION: FOR PROFIT NOT FOR PROFIT	page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or; have a credit reporting agency
☐ LIMITED LIABILITY COMPANY	PIODOTO O CIQUIL INDUIL OIL UTB LINUETRICING. AN IMMINISHE INA
	undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):
BUSINESS: Condominium Account	Deposit Account D Funds Availability D Titte in Savings
OF ORGANIZATION: Collier, Florida	☐ Electronic Fund Transfers ☐ Privacy ☐ Substitute Checks
AUTHORIZATION DATED:: 3/7/2007	
AUTHORIZATION DATED: 3///2007	
Fileda Undeted	
Fileda Undeted	Edward Delson
DATE OFENED 03/07/2007 BYAdriana Arizmendi INITIAL DEPOSIT •	Edward Delson
DATE OFFINED 03/07/2007 BY Adriana Arizmendi INTRAL DEPOSIT 9 CASH CASH CASH CASH CASH CASH CASH CASH	Edward Delson  (1):    Fedward Delson
DATE OPENED 03/07/2007 By Adriana Arizmendi INTIALI CASH CASH CASH CASH CASH BUSINESS PHONE # 239-592-1577	[1]: Edward Delson  x DDD  1.D. # D.O.B.
DATE OFFINED 03/07/2007 BY Adriana Arizmendi INTRAL DEPOSIT 9 CASH CASH CASH CASH CASH CASH CASH CASH	Edward Delson  X  D.O.B.  Stephen Troychak
Date Updated  DATE OFFINED  DATE OFFINED  DATE OFFINED  DATE OFFINED  OSCIPLE  BYAdriana Arizmendi  NITIAL  DEPOSIT •  HOME TELEPHONE # 239-592-1577  BUSINESS PHONE #  E-MAIL	[1]: Edward Delson  x DDD  1.D. # D.O.B.
Date Updated DATE OFENED DATE OFENED DATE OFENED DATE OFENED DATE OFENED OSAM DEPOSIT 0 DEPOSIT	Edward Delson  X  D.O.8.  Stephen Troychak  X
Date Updated DATE OFENED DATE OFENED DATE OFENED DATE OFENED DATE OFENED DATE OFENED OBJECT DEPOSIT 0 DEPO	Edward Delson  I.D. # D.O.B.  Stephen Troychak  I.D. # D.O.B.
Date Updated DATE OFENED DATE OFENED DATE OFENED DATE OFENED DATE OFENED DATE OFENED OBJECT DEPOSIT 0 DEPO	Edward Delson  I.D. # D.O.B.  Stephen Troychak  (2): Kenneth Dalton
### Deta Updated O3/07/2007 By Adriana Arizmendi INTRAL DEPOSIT • CASH CASH CHANGE ### CASH CH	Edward Delson  I.D. # D.O.B.  Stephen Troychak  I.D. # D.O.B.
BACKUP WITHHOLDING CERTIFICATIONS	Edward Delson  X  D.O.B.    D.O.B.    D.O.B.    D.O.B.    D.O.B.   Calculate
### Deta Updated DATE OFENED 03/07/2007 By Adriana Arizmendi DEPOSIT •	Edward Delson  I.D. # D.O.B.  Stephen Troychak  (2):   Kenneth Dalton  X D.O.B.  LD. # D.O.B.
BACKUP WITHHOLDING CERTIFICATIONS  TIN: 650820746  TAXPAYER I.D. NUMBER - The Texpayer identification number shown above (TIN) is my correct taxpayer identification number.	Edward Delson  I.D. # D.O.B.  Stephen Troychak  (2):  Kenneth Dalton  X D.O.B.  I.D. # D.O.B.  Robert Rosenow
BACKUP WITHHOLDING CERTIFICATIONS  TIN: 650820746  TAXPAYER I.D. NUMBER - The Taxpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am	Edward Delson  I.D. # D.O.B.  Stephen Troychak  (2):   Kenneth Dalton  X D.O.B.  LD. # D.O.B.
BACKUP WITHHOLDING CERTIFICATIONS  TIN: 650820746  TAXPAYER I.D. NUMBER - The Texpayer identification number shown above (TIN) is my correct texpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report ell interest or dividends, or the Internal Revenue Service has notified	Edward Delson  I.D. # D.O.B.  Stephen Troychak  (2):  Kenneth Dalton  X D.O.B.  I.D. # D.O.B.  Robert Rosenow
BACKUP WITHHOLDING CERTIFICATIONS  TIN: 650820746  TAXPAYER I.D. NUMBER - The Taxpayer Identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failura to report ell interast or dividends, or the Internal Revenue Sérvice has notified me that I am no longer subject to backup withholding.	Edward Delson  I.D. # D.O.B.  Stephen Troychak  (2):  Kenneth Dalton  X D.O.B.  I.D. # D.O.B.  Robert Rosenow
BACKUP WITHHOLDING CERTIFICATIONS  TIN: 650820746  TAXPAYER I.D. NUMBER - The Texpayer identification number shown above (TIN) is my correct texpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report ell interest or dividends, or the Internal Revenue Service has notified	Edward Delson    D.O. # D.O.B.    D.O.B.   D.O.B.
BACKUP WITHHOLDING CERTIFICATIONS  TIN: 650820746  TAXPAYER I.D. NUMBER The Taxpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding either because I have not been notified me that I am no longer subject to backup withholding.	Edward Delson    D.O.#
BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a fallura to report ell internal Revenue Service Regulations.  SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person [including a resource this person [including a	Edward Delson    D.O.#
BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to darkup withholding either because I have not been notified that I am subject to darkup withholding either because I have not been notified that I am subject to darkup withholding either because I have not been notified that I am subject to darkup withholding either because I have not been notified that I am subject to darkup withholding either because I have not been notified that I am subject to darkup withholding.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified has I am subject to backup withholding.  BACKUP WITHHOLDING - I am not subject to backup withholding.  BACKUP WITHHOLDING - I am not subject to backup withholding.  BACKUP WITHHOLDING - I am not subject to backup withholding.	Edward Delson    D.O.#
BACKUP WITHHOLDING CERTIFICATIONS  TIN: 650820746  TAXPAYER I.D. NUMBER The Taxpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report ell interest or dividende, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.  EXEMPT RECIPIENTS I am an exempt recipient under the internal Revenue Service Regulations.  SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person lincluding a	Edward Delson    D.O.#

Request for Signature Cards Orion Bank To: Fax #: (239) 598-4044 Attn: Jenna or Adriana Resort Management From: Sara (239) 649-5526 R/M Employee Contact Name & Phone #: Please change the signers on the following account number (s): # of Signatures Required\_ Operating Acct #: # of Signatures Required 📗 Reserve Acct #: # of Signatures Required \_\_\_\_ Other Acct #: Effective Date of Change: Corporate Name of Association: Mailing Address: c/o Resort Management 2685 Horseshoe Drive South #215 Naples, FL 34104 Tax ID#: Phone #: (239) 649-5526 New Authorized Signers: Name & Title:

Signature Card Mailing Instructions: Please fax to (239) 403-1061

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		Tol	Orion Bank								
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		Attn:	Jenna or Adrian								
		From:	Resort Managem								
		R/M Emple	ryee Contact Name		1 <u>5</u> 4	gra (2 <b>39) 64</b> 9-	-5526				
			nge the signers on								
		Operating				gnatures Requi	ired /				
		Reserve A	et# 8300	005405	# of 5ia	natures Requi	red /				
		Other Acc				natures Requir					
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			Name of Association	on ALOR	ta lo	[1990]	6) Las	Brisas			
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			,·· ·		-	e Sputh #215					
				Naples FL		BRUILL SPEAN					
		Tax ID#:		11111	_ Phone #:	(239) 649	9-552 <u>6</u>				
		New Autho Name & TH	Buth	Budgir Johnso Esen-	25- Pr 17- Vice t	asiden- ce Prosiden- vasiden-	1/Trac	surer			

Signature Card Mailing Instructions: Piease fax to (239) 403-1061