2002 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2002 8:00 am Secretary of State DOCUMENT # **N97000004921** 1. Entity Name PUESTA DEL LAGO AT LAS BRISAS CONDOMINIUM ASSOCI 05-22-2002 90087 015 ****61.25 ATION, INC. Principal Place of Business Mailing Address 24880 BURNT PINE DRIVE -24880-BURNT PINE DRIVE SUITE 8 **BONITA SPRINGS FL 34135** BONITA SPRINGE FL 04135 2. Principal Place of Business 3. Mailing Address 1044 Castello Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE #20, City & State City & State 4. FEI Number Applied For 65-0820646 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST PROPERTY MANAGEMENT 24880 BURNT PINE DRIVE SUITE 8 **BONITA SPRINGS FL 34135** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE (9/01)☐ Change Addition MCARDLE, DAVID A NAME NAME STREET ADDRESS 24880 BURNT PINE DRIVE. #8 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP ☐ Delete TITLE DILLON, RON NAME NAME STREET ADDRESS 24880 BURNT PINE DRIVE # 8 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP SDFD TITI F ☐ Delete TITI E Change Addition BOZE, JOANNA NAME NAME STREET ADDRESS 24880 BURNT PINE DRIVE # 8 STREET ADDRESS CITY-ST-ZIF **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ... Addition NAME

2. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 239-992.55