2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State DOCUMENT # N9800000392 03-06-2002 90047 041 ****61.25 MORRILL COURT OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 401 N CATTLEMEN ROAD 401 N CATTLEMEN ROAD SUITE #100 SUITE #100 SARASOTA FL 34232 SARASOTA FL 34232 Mailing Address Principal Place of Business 0. Box 49835 9885 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number SARA SOLA City & State SARAS TA 65-0809607 Not Applicable \$8.75 Additional USA Country Country USA 5. Certificate of Status Desired Fee Required 123c 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name and the second second Street Address (P.C. Box Number is Not Acceptable) DÚMBAUGH, JOHN D 1900 RINGLING BLVD SARASOTA FL 34238 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be . FILE NOW: FEE IS \$61.25 Department of State Added to Fees Trust Fund Contribution. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS .10. (9/01) Change Delete TITLE Resident MLE ephen A Shaw NAME MESHAD, JOHN W NAME 1833 MORR: LL Street STREET ADDRESS 1900 RINGLING BLVD STREET ADDRESS SARASETA CITY-ST-ZIP FL CITY-ST-ZIP SARASOTA FL 34236 ☐ Change Delete TITLE TITLE NALd NAME LIEB, JOSEPH JR NAME Avenue STREET ADDRESS 1602 EAST 1900 RINGLING BLVD STREET ADDRESS CITY-ST-ZIE FL SARASOTA CITY ST 7IP SARASOTA FL 34236 Addition - Change -vice president Delete TITLE TITLE CATHLEION-SHAW HAME RESNICK, MICHAEL NAME 1833 MORRIL STREET STREET ADDRESS 1900 RINGLING BLVD STREET ADDRESS 34134 CITY-ST-7IP SARACOTA PL CITY-ST-ZiP Sarasota FL 34236 ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI E □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Park Moran E ORDHAND DELMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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