FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # N98000003242 VILLAGE AT HAWK'S CAY PROPERTY OWNERS' ASSOCIATI 05-04-2001 90158 044 ****70.00 Principal Place of Business Mailing Address 786 DUCK KEY DRIVE 786 DUCK KEY DRIVE MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business Mailing Address Boo Durk Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0799952 INARATHON MAKATUUN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MONROE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name MICHELLE KOBY Street Address (P.O. Box Number is Not Acceptable) ALLISON, JOHN R III 800 Duck Key 100 SE 2ND ST, #3350 MIAMI FL 33131 Zip Code **33050** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITI E TITLE Change ☐ Addition TAMES V. HAGGART NAME NAME RYSMAN, PETER BOO DUCKKEY Or. STREET ADDRESS STREET ADDRESS 60 GOLF CLUB DR CITY-ST-ZIP CITY-ST-ZIP MARAMHON FL KEY WEST FL 33040 TITLE VTD Delete TITLE ☐ Addition VINCE BIANCO BOO DUCK KEY Dr. NAME NAME ROARK, KENNETH STREET ADDRESS STREET ADDRESS 60 GOLF CLUB DR MARATHON. CITY-ST-ZIP CITY-ST-ZIP ~ KEY WEST FL 33040 TITLE Delete TITLE Change Addition NAME NAME STEEDLEY, AMY DICK FRANKI STREET ADDRESS Boo Ouck Key DR. STREET ADDRESS 60 GOLF CLUB DR CITY-ST-ZIP CITY-ST-ZIP 33050 MARATHON, FL KEY WEST FL 33040 TITLE Addition TITLE ☐ Delete earl Anderson BOO DUCK KEY DR. NAME NAME STREET ADDRESS STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE M Addition prithm SINGH NAME NAME 60 GOLF CLUB Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Key West, FL 33040 TITLE Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 teport 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 of trueter empowered to effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. changed, or on an attachment v **2**100c REQUIRED SIGNATURE: D NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone