2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90012 031 ****43.75
05-09-2000 90037 017 ****17.50

DOCUMENT # N98000003250

1. Entity Name

COVERED BRIDGE ESTATES PHASE I ASSOCIATION, INC. R

Principal Place of Business	Mailing Address
6604 37th St E. Ellenton, Fl 34222	~~8466 N LOCKWOOD RIDGE RD. SUITE 300~~ ~~SARASOTA FL 34243-2951~~

NEW ADDRESS

3. Mailing Address

6604 37th St E.
Ellenton, Fl 34222

6312 US HWY 301 N. PMB #396
ELLENTON, FLORIDA 34222

DO NOT WRITE IN THIS SPACE

FEI Number 65-0841220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RUSSELL, JEFFREY S~~ ~~240 S PINEAPPLE AVE, 10TH FLOOR~~ ~~SARASOTA FL 34236~~	Name: Trey Desenberg Street Address (P.O. Box Number is Not Acceptable): 6604 37th St E. Ellenton, Fl 34222 ELLENTON FL Zip Code 34222

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 TD DNF, Registered Agent Trey Desenberg, Registered Agent 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DESENBERG, TREY ~~8466 N LOCKWOOD RIDGE RD, SUITE 300~~ ~~SARASOTA FL 34243~~	☐ Delete	PD DESENBERG TREY 6312 Us Hwy 301 N. PMB 396 Ellenton, Florida 34222	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, DAVID ~~8466 N LOCKWOOD RIDGE RD, SUITE 300~~ ~~SARASOTA FL 34243~~	☐ Delete	Vice President, Director Desenberg, Hilda 6312 Us Hwy 301 N. PMB 396 Ellenton, Florida 34222	Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LECOMTE, ADELA ~~8466 N LOCKWOOD RIDGE RD, SUITE 300~~ ~~SARASOTA FL 34243~~	☐ Delete	Secretary, Director LeComte ADELA 6312 Us Hwy 301 N. PMB 396 Ellenton, Florida 34222	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/25/00 941-755-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #