2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am³ Secretary of State DOCUMENT # N9800003654 COLONIAL COMMERICAL PROPERTY OWNERS ASSOCIATION, 05-11-2001 90291 039 ****70.00 Principal Place of Business Mailing Address 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE SUITE 300 SUITE 300 NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address 1016 GUND 5672 Strand CT. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State City & State 4. FEI Number Applied For 59-3520511 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U 517 <u>u</u> 507 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -Name NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103 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 reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Delete ☐ Addition HARDY, ROBERT S NAME NAME STREET ADDRESS 4500 EXECUTIVE DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP Delete TITLE Change ☐ Addition HARDY, ROBERT P NAME NAME STREET ADDRESS 4500 EXECUTIVE DRIVE STREET ADDRES CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP STD TITLE Delete 57D TITLE Change Ch ☐ Addition KELLY, JANET NAME KELLY, JANET NAME 672 STRAND CT. 41 STREET ADDRESS 4500 EXECUTIVE DRIVE STREET ADDRESS CITY-ST-7IP NAPLES FL 34119 CITY-ST-7IP NAPIES, FL 34110 $\overline{\mathsf{VP}}$ TITLE ☐ Delete TITLE ESIDENT Change ■ Addition ROLFES, RICHARD NAME STREET ADDRESS 4500 EXECUTIVE DRIVE STREET ADDRESS 1016 GRAND FSLE DRIVE CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP ☐ Delete VICE PRESIDENT, DIRECTOR TITLE ☐ Change NAME ROLLES, HEIDI STREET ADDRESS STREET ADDRESS GRAND ISLE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TRASERY THE DAY OF SIGNING OFFICER OR DIRECTOR TO DAY OF SIGNING OFFICER OR DAY OF SIGNING OF SIGNING OFFICER OR DAY OF SIGNING OFFICER OR DAY OF SIGNING OFF