2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005627

05-11-2000 90260 001 ***112.00

1. Entity Name

VILLAGE ON CRESCENT LAKE AT BRECKENRIDGE HOMEOWN

FILED

00 JUL 31 AM 8:42

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19850 BRECKENRIDGE DR ESTERO FL 33928	19850 BRECKENRIDGE DR ESTERO FL 33928

2. Principal Place of Business	3. Mailing Address
Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908	Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908
Zip / Country	Zip / Country

4. FEI Number 65101015?2 APPLIED FOR ☒ 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
LOTURCO, JOSEPH D 19850 BRECKENRIDGE DR ESTERO FL 33928	Name Pegasus Property Mgmt. (Not Acceptable) 17595 S. Tamiami, #200-2 Fort Myers, FL 33908 City **FL** 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 Barbara A Sullivan 4-24-00

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	D SULLIVAN R, JOHN 52 CORPORATE CIRCLE ALBANY NY 12212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICOLLA, JOSEPH R 52 CORPORATE CIR ALBANY NY 12212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOTURCO, JOSEPH D 19850 BRECKENRIDGE DR ESTERO FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: Barbara A Sullivan 4-24-00 941-454-8568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #