2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TYPEO OR

\mathtt{FILED} DOCUMENT # N9900001178 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name COURTSIDE LANDINGS CONDOMINIUM ASSOCIATION, INC. 04-26-2000 90177 036 ****61.25 Mailing Address Principal Place of Business 2020 CLUBHOUSE DRIVE 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-5914 SUN CITY CENTER FL 33573 114430700 2. Principal Place of Business 3. Mailing Address 24301 Walden Center Drive 24301 Walden Center Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite_300 Suite 300 Applied For City & State City & State 4. FEI Number 25036 Not Applicable Bonita Springs, FLBonita Springs. FL 34134 Country \$8,75 Additional 5. Certificate of Status Desired 34134 USA 34134 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEYERS, R.C. JR. 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 City 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 of FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition PD Delete BEVER, R.C. JR. TITLE TITLE BAYER, R.C. JR. NAME STREET ADDRESS STREET ADDRESS 2020 CLUBHOUSE DRIVE CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 VPD Addition ☐ Change Delete TITLE VPD TITLE CIESIELSKI, DAN 3150 MATACUMBE KEY PD NAME REKOW, DAVID NAME STREET ADDRESS 5000 BURNT STORE ROAD STREET ADDRESS PUNTA GOLDA, FL. 33955 CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33573 ☐ Change Addition Delete TITLE STD TITLE GIBBONY, STEVE NAME FLYNN, MILT NAME 3150 MATACUMBE KEY RD. STREET ADDRESS STREET ADDRESS 2020 CLUBHOUSE DRIVE CITY-ST-ZIE PUNTA GORDA FC 33955 CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 floor 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 of the corporation or the rece changed, or on an attachnier

4/19/00