2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90076 050 ****61.25

34738

DOCUMENT # N99000001576

1. Entity Name

VILLAGE ON CRESCENT LAKE AT BRECKENRIDGE CONDOMI

Principal Place of Business	Mailing Address
PEGASUS PROP MGMT 17595 S TAMIAMI #200-2 FORT MYERS FL 33908	PEGASUS PROP MGMT 17595 S TAMIAMI #200-2 FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17595 S. TAMIAMI TRAIL	17595 S. TAMIAMI TRAIL
Suite, Apt. #, etc.: # 100	Suite, Apt. #, etc.: # 100
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1010152 ☐ 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
PEGASUS PROP MGMT 17595 S TAMIAMI #200-2 FORT MYERS FL 33908	Name: BARBARA A. STILSON Street Address (P.O. Box Number is Not Acceptable): 17595 S. TAMIAMI TRAIL, # 100 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 Stilson, CAN BARBARA A STILSON 4-3-01
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	DP LOTURCO, JOSEPH D 19850 BRECKENRIDGE DRIVE ESTERO FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV NICOLLA, JOSEPH E 52 CORPORATE CIRCLE ALBANY NY 12203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PICCIOCCA, Tim 52 CORPORATE Circle ALBANY, NY 12212	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SULLIVAN, JOHN 52 CORPORTE CIRCLE ALBANY NY 12203	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Joseph Loturco 4/5/01 454-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #