## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2002 8:00 am Secretary of State DOCUMENT # N99000002415 VENTURA AT PELICAN MARSH HOMEOWNERS' ASSOCIATION 05-05-2002 90029 015 \*\*\*\*61.25 , INC. Principal Place of Business Mailing Address C/O PULTE HOME CORPORATION C/O PULTE HOME CORPORATION 9220 BONITA BEACH RD. SUITE 215 9220 BONITA BEACH RD. SUITE 215 **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Integrated Integrated Suite, Apt. # etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3705962 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent II Fille WOLPERT, GREG G TO BEAT OF C/O PULTE HOME CORPORATION Bonita Beach Rd #3305 9220 BONITA BEACH RD. SUITE 215.7-**BONITA SPRINGS FL 34135** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. П Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) PD ☐ Change TITLE 🔀 Delete TITLE P/D NAME: Wolpert, Greg G 🗔 NAME Kleinman, James STREET ADDRESS 8895 Ventura Way STREET ADDRESS 9220 BONITA BEACH RD. SUITE 215 Naples, FL **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP's **Addition** std Delete ☐ Change TITLE TITLE MEEKS, W MICHAEL Emma, David NAME NAME 8867 Ventura Way STREET ADDRESS 9220 BONITA BEACH RD, SUITE 215 STREET ADDRESS Naples, FL CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34135 TITLE Change -TITLE Delete Schumer, Allison Hertzer, Fred NAME NAME 8919 Ventura Way 8832 VENTURA WAY STREET ADDRESS STREET ADDRESS Naples, FL CITY-ST-ZIP naples fl CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 17 (1.178.13 ☐ Addition Change ☐ Delete TITLE 3- 7 3,70 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 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