2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 11, 2003 8:00 am Secretary of State DOCUMENT # N9900002611 04-11-2003 90155 003 ***150.00 DRIFTWOOD PLAZA PHASE II CONDOMINIUM ASSOCIATION , INC. Principal Place of Business Mailing Address 3830 HWY A1A S 3830 HWY A1A S MELBOURNE BEACH FL 32951 **MELBOURNE BEACH FL 32951** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3584852 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLANK, RONALD J Street Address (P.O. Box Number is Not Acceptable) 3830 S A1A STE 3 **MELBOURNE BEACH FL 32951** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition PLANK, RON NAME NAME **3830 HWY A1AS UNIT 3** STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** Delete TX Change TITLE TITLE Addition FARLEY, JOHN NAME NAME Donald Keynolds STREET ADDRESS 3830 HWY A1A S UNIT 1 STREET ADDRESS 3830 AIAS Unit 11 Me bourne Bch FL CITY-ST-ZIP = MELBOURNE BEACH FL 32951 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PLANK, SUE NAME NAME STREET ADDRESS 3830 HWY A1A S UNIT 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

SIGNATURE;

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 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 addition with all other like empowered.