2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am³ Secretary of State DOCUMENT # N9900003710 1. Entity Name THE MANOR AT MORTON GROVE CONDOMINIUM ASSOCIATIO 05-04-2001 90056 012 ****61.25 Principal Place of Business Mailing Address 10911 BONITA BEACH ROAD 10911 BONITA BEACH ROAD **SUITE 1011 SUITE 1011 BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3590503 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HEDRICH, NORMAN 10911 BONITA BEACH ROAD **SUITE 1011** Zip Code City **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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$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 11. 10. ☐ Addition ☐ Delete Change TITLE TITLE HEDRICH, NORMAN NAME NAME 10911 BONITA BEACH ROAD, SUITE 1011 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP VPD **⊠** Addition TITLE ☐ Delete TITLE 28 LITTLE JOHN COURT, #8 HEDRICH, BRADLEY NAME NAME 10911 BONITA BEACH ROAD, SUITE 1011 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Change ☐ Addition TITLE ☐ Delete TITLE HEDRICH, CLEDA NAME NAME 10911 BONITA BEACH ROAD, SUITE 1011 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this fing 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 of 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 receiver changed, or on an attachmen

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME

☐ Delete

☐ Delete

20/0/

Change

☐ Change

☐ Addition

☐ Addition