FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State P01000116258 DOCUMENT # 1. Entity Name 05-15-2002 90155 034 ***150.00 HERITAGE PARK ASSOCIATES II, INC. Principal Place of Business Mailing Address C/O WILLIAM M. SEIDER 1430 KENILWORTH STREET SARASOTA FL 34231 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 26212 MADRAS COURT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State X Applied For City & State 4. FEI Number Not Applicable Charlotte Harbor Country \$8.75 Additional 5. Certificate of Status Desired ->-∋3 33983 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition Delete TIBE TITLE PALMER, PHILIP J NAME NAME 26212 MADRAS COURT 1430 KENILWORTH STREET STREET ADDRESS STREET ADDRESS Charlotte Harbor FL SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE MORRIS, ROBERT A JR NAME NAME 1430 KENILWORTH STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PHILIP, J. PALMER

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: