2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
04-23-2003 90195 030 ***150.00

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DOCUMENT # P02000048407

1. Entity Name
TUDOR VILLAS REALTY OF NAPLES, INC.

Principal Place of Business	Mailing Address
~~3613 DEL PRADO BOULEVARD~~	~~3613 DEL PRADO BOULEVARD~~
~~CAPE CORAL FL 33904~~	~~CAPE CORAL FL 33904~~

2. Principal Place of Business	3. Mailing Address
4280 Tamiami Trail E.	4280 Tamiami Trail E.
Suite, Apt. #, etc. #302	Suite, Apt. #, etc. #302
City & State Naples, FL	City & State Naples FL
Zip 34112 Country US	Zip 34112 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number EIN 33-1004208 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
H. ANDERS MANSSON
3613 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME	H. Anders Mansson, President ☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS	3613 Del Prado Blvd	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral FL 33904	CITY-ST-ZIP	
TITLE / NAME	Hermann Haehner, VP ☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS	3557 Antarctic Circle	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34112	CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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 [signature] 4/14/03 239-774-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #