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NAME

STREET ADORESS

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1999 99 JUL 23 PM 2: 46 DOCUMENT # P94000019861 THE VILLAGE AT NETTLES ISLAND DEVELOPMENT COMPAN Y. INC. Principal Place of Business Mailing Address 9809 S OCEAN DR 9800 S OCEAN DR JENSEN BEACH FL 34967 JENSEN BEACH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0476851 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible 30 25 29 ☐ Yes ØN₀ 24 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCARTHY, TERENCE P Street Address (P.O. Box Number is Not Acceptable) 950409--2
-08/04/99--01071--002 82 2081 E OCEAN BLVD SUITE 2-A 83 STUART FL 34996 \*\*\*\*\*61.25 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, TITLE DELETE 1.1 TITLE ☐ Change NAME LUNDSTROM, DANIEL 12 NAME 9603 S OCEAN DR STREET ADDRESS 1,3 STREET ADDRESS JENSEN EBACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE Change Addition NEWMAN, JAMES NAME 2 7 MARKE 9803 SOUTH OCEAN DRIVE STREET ADDRESS 2.3 STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP 2 4 CITY-ST-2IP Change DELETE Hicsident Addition TITLE 3.1 TITLE OAKES, EDWARD NAME 32 NAME 9803 SOUTH OCEAN DR STREET ADDRESS 3.3 STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP 34 CITY- \$7-2P DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRES 53 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6 I TITLE Change Addition

> 67 NAME **63 STREET ADDRESS**

64 CITY-ST-ZIP

I hereby certify that the information supplied with his 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 annual teper or suppliemental annual 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 dorsoration or the receiver or trustic empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on any attachment with an address, with all other like empowered.

CROFINA (11/08