2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000020833 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** COMMUNITIES AMENITIES, INC. 03-27-2000 90027 001 *2,550.00 Mailing Address Principal Place of Business 24301 WALDEN CENTER DR 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134-4920 JE 744 V T T US 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 59-3431364 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASTINGS, VIVIEN N Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DR **BONITA SPGS FL 34134** 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE HOFFMAN, ALFRED JR NAME NAME STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DR. STE 300 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Addition X Delete TITLE ☐ Change TITLE DISTEFANO, PAUL L NAME Cullen, James D. NAME STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DR. STE 300 24301 Walden Center Drive CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Bontia Spr<u>ings, FL 34134</u> ☐ Change Addition TITLE ☐ Delete TITLE FRY, DAVID L NAME STREET ADDRESS 24301 WALDEN CENTER DR, STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPIRNGS FL 34134** X Change Addition Delete TITLE TITLE Adelman, Steven C. ADELMAN, STEVEN C NAME NAME STREET ADDRESS 24301 WALDEN CENTER DR, STE 300 24301 Walden Center Drive STREET ADDRESS CITY-ST-ZIP CiTY-ST-7/P **BONITA SPRINGS FL 34134** Bonita Springs, FL 34134 xxxChange Addition TITLE TITLE ☐ Delete HASTINGS, VIVIEN N NAME NAME Hastings, Vivien N. STREET ADDRESS STREET ADDRESS 24301 WALDENK CENTER DR 24301 Walden Center Drive CITY-ST-7IP CITY-ST-ZIP **BONTIA SPRINGS FL 34134** <u>Bonita Springs, FL 34134</u> Addition TITLE Change Change ☐ Delete TITLE NAME Dietz, James P. 24301 Walden Center Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, FL 34134

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vivien Hastings, Secretary

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1/25/00

(941) 947-2600

Date

Daytime Phone #