FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P97000057821 COTTAGES AT HOBE SOUND, INC. 02-08-2001 90026 044 ***150.00 Principal Place of Business Mailing Address 28000 SPANISH WELLS BLVD., #200 P.O. BOX 279 BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3454073 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMBURN, JAMES Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BLVD., #200 **BONITA SPRINGS FL 34135** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE TITLE AMBURN, JAMES W NAME NAME STREET ADDRESS 28000 SPANISH WELLS BLVD., #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZI CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if II other I/Le empowered. 13. I hereby certify that the inform ation supplied with this f indicated on this report or sof the corporation or the replemental report is true ver or trustee empowe

changed, or on an attach James W. Amburn D 1-29-01 SIGNATURE: