KANE COMMUNITIES, INC.

Principal Place of	Business	Mailing Address				
15 8TH STREET		15 8TH STREET				
B BONITA SPRINGS FL 34134 US		B Bonita Springs FL 34134 US				
2. Principal Place of Business		3. Mailing Address	þ.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	7in 0	ountry.			



DO NOT WRITE IN THIS SPACE

65-0771589

6. Name and Address of Current Registered Agent DIAMOND, LAWRENCE J AKERMAN, LINK & SARTORY, P.A. 222 LAKEVIEW AVE., STE. 1250 WEST PALM BEACH FL 33401

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

	7.	Name	and	Address	of Nev	Registered	Agent
Name £ 1C	HAR	٥	L	. E	AN.	SOM	

5. Certificate of Status Desired

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

EIGHTH STREET

Zip Code **34/34**

SPRINGS 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.

610

(See criteria on back)

registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

	<u>_</u>	•	j				
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEIF E METSCH 9432 PEABODY CT BOCA RATON FL 33496	Delete TITLE NAME STREET A CITY-ST-	PST Achange Addition LEIF E. METSCH DDRESS IS EIGHTH STREET, SUITE B				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD A SANDS 18743 LONG LAKE DR BOCA RATON FL 33496	Delete TITLE NAME STREET AI CITY-ST-	DDRESS THE HIGHLANDS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ D	Pelete TITLE NAME STREET AL CITY-SI-	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		elete TITLE NAME STREET AL CITY-ST-:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Di	elete TITLE NAME STREET AC CITY-ST-2	; <u>}</u>				
TITLE	□ De	elete TITLE	☐ Change ☐ Addition				

led with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information period 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 to powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sud indicated on this report or supplements of the corporation or the receiver or tru changed, or on an attachment with an

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP