DOCUMENT # P97000106131 1. Entity Name SAND LAKE POINTE APARTMENTS, INC.							FILED OOMAR 10 PM 4: 36			
200 SOUTH H		OAD #206	POST OFFICE BOX 4961 ORLANDO FL 32802-4961				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
MLANDO PL S	12637		OREMINDO PE 32002-4501							
2. Principal F	lace of Busin	ness	3. Mailing Address							
Suite, Apt.	#16HC	AND AVE	Suite, Apt. #, etc.				DO NOT WRITE IN TH			
30110/ Apr.		>								
ORLAN		FC	City & State			4.	FEI Number 59-3491424	<u> </u>	olied For Applicable	
328	2803 Country USA		Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
B&C CORPORATE SERVICES OF CENTRAL FLORIDA					Street Address (P.O. Box Number is Not Acceptable)					
390 NORTH ORANGE AVENUE SUITE 1100										
ORLANDO FL 32801					City	****150.09 <u>***</u> **150.00				
8. The above	named entit	y submits this statement fo	or the purpose of changing i	ts registere	I ed office or	registered aç	gent, or both, in the State of Florida.			
OLONIATI (DE									21	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signati	ure required when i	reinstating) DAT	E		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable					will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.		OFFICERS AND	DIRECTORS	12.	-	AI	DDITIONS/CHANGES TO OFFICERS A			
TITLE NAME	VP Tuttle, I	MILLS I	☐ Delete	TITLE NAM		X Change ☐ Additi			☐ Addition	
STREET ADDRESS CITY-ST-ZIP	3200 SOL	JTH HIAWASSEE ROAI) FL 32835	D #206	STRE	ET ADDRESS -ST-ZIP	800 N.	N. HIGHLAND AUE., SUITE 200 LANDO, FL 32803			
TITLE	VPAS		☐ Delete	TITLE		Change □ Addition				
NAME STREET ADDRESS CITY-ST-ZIP	MCKINNEY, EUGENE J SS 3200 SOUTH HIAWASSEE ROAD #206 ORLANDO FL 32835					BOON. HIGHLAND AVE., SUITE 200 ORLANDO, PL 32803				
TITLE	VPT Delete				<u> </u>	Ciccini	-100, FC 32003	Change Change	☐ Addition	
NAME STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD #206				ET ADDRESS	800 N. HIGHLAND AVE., SUITE 200				
CITY-ST-ZIP TITLE	VIDO				-ST-ZIP E	ORLAN	VDO, PL 32803 1	Change	☐ Addition	
NAME	PEISNER, ERIC				E	800 N. HIGHLAND AVE., SUITE 200				
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32835						UDO, PL 32803	3011E 2	50	
TITLE	PT KDOPP 9	RIEVEN G	☐ Delete	TITLE		P	com les L. G	Change	. Addition	
NAME STREET ADDRESS					ET ADDRESS	KROPP, STEVEN G. 800 N. HIGHLAND AVE., SUITE 200				
CITY-ST-ZIP TITLE	Orland() FL 32835	Delete	TITLE	-ST-ZIP	ORLAN VPS	NDO, FL 32803	☐ Change	Addition	
NAME			Delete	NAM'	E	CAPLT	ON, CHARLES S.	_ •		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP		NDO, FL 32803	SUITE 2	ు	

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:

3-1-00 407/297-1600