2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2002 8:00 am Secretary of State DOCUMENT # N9500004645 OAK COLONY AT THE VINEYARDS HOMEOWNERS' ASSOCIAT 04-21-2002 90891 003 ****61.25 ION, INC. Principal Place of Business Mailing Address 100 VINEYARDS BLVD 100 VINEYARDS BLVD NAPLES FL 34119 NAPLES FL 34119 HS HS 2. Principal Place of Business 3. Mailing Address 2685 Horseshow scren Suite, Apt. # DO NOT WRITE IN THIS SPACE City & State & State 4. FEI Number Applied For 65-0617219 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ier 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PROPERTY MGMT PROFESSIONALS OF SW FLA INC 100 VINEYARDS BLVD ATTN NANCY WINKLER NAPLES FL 34119 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 (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition 🔽 Delete TITLE TITLE Change CR2E037 (9/01 Roy Bendeaux MILLER, KENNETH NAME NAME STREET ADDRESS 144 SPRING LAKE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 VSD ☐ Delete TITLE TITLE ☐ Change ☐ Addition YACKEL, ROBERT NAME NAME 168 SPRINGLAKE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 PD = . . . = . = . -JITLE Delete ---TITLE ☐ Addition WISEMAN, MICHAEL NAME NAME STREET ADDRESS 180 SPRING LAKE CIR STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-7IP TITLE TITLE Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like propowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPEL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 April 2002 239 35-4-273