

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90392 046 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                     |                                                       |                                                                                                                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 706759</b><br>1. Entity Name<br><b>SEA RANCH VILLAS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                     |                                                                                     |                                                       |                                                                                                                                                                                             |  |
| Principal Place of Business<br>5400 N OCEAN BLVD<br>FT LAUDERDALE FLA, 33308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                     |                                                       | Mailing Address<br>PO BOX 7503<br>FORT LAUDERDALE, FL 33338                                                                                                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | 3. Mailing Address                                                                  |                                                       |                                                                                                                                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | Suite, Apt. #, etc.                                                                 |                                                       |                                                                                                                                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     | City & State                                                                        |                                                       |                                                                                                                                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                             | Zip                                                                                 | Country                                               |                                                                                                                                                                                                                                                                              |  |
| 4. FEI Number<br><b>59-1086296</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                     |                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                                     |                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FIEDLER, ROD</b><br><b>2727 E. OAKLAND PARK BLVD.</b><br><b>FORT LAUDERDALE, FL 33306</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                                     |                                                       | 7. Name and Address of New Registered Agent<br>Name<br><b>Cabot Management &amp; Marketing, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2727 E. Oakland Park Blvd.</b><br><b>#301</b><br>City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33306</b> |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                     |                                                       |                                                                                                                                                                                                                                                                              |  |
| SIGNATURE <u><i>Rodney F. Fiedler, Agent Cabot Management</i></u> <span style="float: right;">4/26/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                                                     |                                                       |                                                                                                                                                                                                                                                                              |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                           |  |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                                                                     |                                                       |                                                                                                                                                                                                                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>PORGES, BOB</b><br><b>5400 NORTH OCEAN BLVD., #38</b><br><b>FT. LAUDERDALE, FL</b> <input type="checkbox"/> Delete          |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>FULKERSON, ROBERT</b><br><b>5400 N OCEAN BLVD., 47</b><br><b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>SCOTT, JACK</b><br><b>5400 N. OCEAN BLVD., #41</b><br><b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br><b>MELTGREN, LARRY</b><br><b>5400 N. OCEAN BLVD. #32</b><br><b>FT. LAUDERDALE, FL</b> <input type="checkbox"/> Delete          |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>BAKER, DENNIS</b><br><b>5400 N. OCEAN BLVD. VILLA #42</b><br><b>FT. LAUDERDALE, FL</b> <input type="checkbox"/> Delete      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br><b>TOMLIN, RICHARD</b><br><b>5400 N OCEAN BLVD. # 54</b><br><b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                            |  |
| 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 fees empowered. |                                                                                                                                     |                                                                                     |                                                       |                                                                                                                                                                                                                                                                              |  |
| SIGNATURE: <u><i>James K. Miller</i></u> <span style="float: right;">4/26/04</span> <span style="float: right;">954-561-8565</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                     |                                                       |                                                                                                                                                                                                                                                                              |  |