2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90046 021 ****61.25

DOCUMENT # 726380

1. Entity Name
CONNEMARA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5420 N OCEAN DRIVE 101 SINGER ISLAND, FL 33404 US	P.O. BOX 65 JENSEN BEACH, FL 34958 US

02112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 100
City & State	City & State Stuart, Fl
Zip / Country	Zip 34994 / Country

4. FEI Number 59-1577326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORTE, LOVAINE H
1274 NE BUSINESS PARK PL
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name: Forte, Lorraine H.
Street Address (P.O. Box Number is Not Acceptable): 1111 SE Federal Hwy
Suite 100
City: Stuart FL Zip Code: 34994

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: Lovaine H. Forte 2/23/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAMMET, CELESTE 5420 N OCEAN DR # 1405 SINGER ISLAND, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAMLE, JUDITH 5420 N. OCEAN DR 1506 WEST PALM BEACH, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sample, Judith	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEMENT, IRA 5420 N OCEAN DR # 1206 SINGER ISLAND, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Stroker, Arlene 5420 N. Ocean Dr. # 806 West Palm Beach, Fl 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, ROBERT 5420 N. OCEAN DR WEST PALM BEACH, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hirschfeld, Hank 5420 N. Ocean Dr # 204 Singer Island, Fl 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAVIS, TIMOTHY 5420 N. OCEAN DR., #704 SINGER ISLAND, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOZZOMD, JOHN 5420 N. OCEAN DR 1801 SINGER ISLAND, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ 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 like empowered.

SIGNATURE: Judith Sample
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT D

Addition

40050147
#726380

Bond, Carol
5420 N. Ocean Dr. #203
Singer Island, FL 33404