2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2005 8:00 am Secretary of State **DOCUMENT #749632** 02-10-2005 90057 048 ****61 25 PAR 4 CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 3136 FINSTERWALD DR ?3136 FINSTERWALD DR TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 US 2. Principal Place of Business 3. Malling Address 3136 Finsterwald Dr Suite, Apt. #. etc. Suite, Apt. #, etc. 01302005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2172407 Applied For Titusville FLNot Applicable Zip Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired 32780 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIVINGSTON, SHARON K Street Address (P.O. Box Number is Not Acceptable) 3136 FINSTERWALD DR TITUSVILLE, FL 32780 Zip Code 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 Rorida. I am familiar with, and accept the obligations of registered agent SIGNATURE SHARON 7 de Sharon K. LivinGSTON Secretary Cronous Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. 11. PD Delete TITLE Change Addition TITLE HILL JANIS MALA NAME 1485 WELLINGTON CIR STREET ADDRESS STREET ADDRESS ROCKLEDGE, FL 32955 CITY-ST-ZIP CITY-ST-ZIP STD Delete TITLE TITLE ☐ Change Addition LIVINGSTON, SHARON K NAME STREET ADDRESS 3136 FINSTERWALD DR #3 STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TTLE · Detete mu Change ☐ Addition BM MCKENSLEY, BRIAN J NAME McKensley, Brian J 3152 FINSTERWALD DR #7 STREET ADDRESS STREET ADDRESS 4960 Key Largo CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP MILE VP Delete TITLE ~ 🔲 Change · 🔲 Addition TABLAR, SHIRLEY NAME NAME 3140 FINSTERWALD DR. #4 PO BOX 853 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P TITLE ☐ Delete ___ Change_ MILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filling 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.

Livingston Sharow K. Livingston

2/1/05

<u> 321-268-3800</u>

FILED