2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2004 8:00 am Secretary of State **DOCUMENT # 790996** 1. Entity Name 02-16-2004 90053 031 ****61.25 SECOND OCEAN CLUB HOUSING ASSOCIATION, INC. Principal Place of Business Mailing Address 1717 20TH STREET 1717 20TH STREET SUITE #102 VERO BEACH FL 32960 SUITE #102 VERO BEACH FL 32960 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-1318433 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name All and the second seco MILLER, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) C/O ADVANTAGE PROPERTY MANAGEMENT 1717 20TH STREET SUITE #102 VERO BEACH FL 32960 Zip Code City 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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 5 D **X** Addition ☐ Delete TITLE ☐ Change TITLE LUDWIG, DEAN CAPOZZOLI, FRED NAME NAME 4410 NORTH AID, = 308 4987 DINGMAN SCHOOL RD STREET ADDRESS STREET ADDRESS EAST JORDAN MI 49727 CITY-ST-ZIP VERO BEACH KL CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE FIONDELLA, EDWARD NAME NAME 31 GLENDALE DRIVE STREET ADDRESS STREET ADDRESS **BRISTOL CT** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition MORRIS; ROBERT NAME NAME 1810 NW 23RD BLVD #128 STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-ZIP מד Change ☐ Addition ☐ Delete TITLE MORSE, STEWART NAME NAME 906 RIDLEY CREEK DR. STREET ADDRESS STREET ADDRESS MEDIA PA 19063 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE STEDRONSKY, BARBARA NAME 623 SELKIRK DR. STREET ADDRESS STREET ADDRESS WINTERP PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition SAWYER, HARRY NAME NAME 2627 COLLINS AVE STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-7IP CITY-ST-ZIP 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.

William F. Miner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED