2004 NOT-FOR-PROFIT CORPORATION

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ANNUAL REPORT

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PENTHOUSE RESIDENCES AT MARINA POINTE, A CONDOMINIUM, INC. Principal Place of Business Mailing Address 4 MARINE ISLE BLVD 4 MARINE ISLE BLVD INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-3631228 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, J. PATRICK ESQ. 930 S. HARBOR CITY BLVD., STE. 505 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32901 City 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 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) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to . \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition LOVE, RICHARD P JR. NAME MARIE STREET ADDRESS 158 N. HARBOR CITY BLVD. STREET ADDRESS CITY-S1-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMAS, ALAN NAME STREET ADDRESS 158 N. HARBOR CITY BLVD. STREET ADDRESS CHY-ST-ZIP MELBOURNE, FL 32934 CHY-SI-ZIP TITLE ☐ Delete X Change Addition TITLE HEBERT, HOWARD N. HERBERT, HOWARD N NAME NAME 4 MARINE ISLE BLVD., UNIT 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP X Addition HITLE ☐ Delete INTE Change NAME NAME TELEMACHOS, NICHOLAS STREET ADDRESS STREET ADDRESS 4 MARINE ISLE BLVD. UNIT 201 CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BEACH, FL TITLE ☐ Addition Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE . \square Delete TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR