2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N03000004508

Entity Name: FLORA BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 LEE ST
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

116 LEE ST
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOMA, LARAINE M
116 LEE ST
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCOMA, LARAINE M
Address: 116 LEE ST
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VP ( ) Delete
Name: CONWAY, BRIAN
Address: 101 LEE ST
City-St-Zip: INDIALANTIC, FL 32903 US

Title: S ( ) Delete
Name: PEZZE, LISA
Address: 132 LEE ST
City-St-Zip: INDIALANTIC, F 32903 US

Title: T ( ) Delete
Name: BOVA, JUDY
Address: 125 HARRIS BLVD
City-St-Zip: INDIALANTIC, FL 32903 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRUICKSHANK, BRYAN C
Address: 125 LEE ST
City-St-Zip: INDIALANTIC, FL 32903 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BRAMBACH, LEESA
Address: 107 HARRIS BLVD
City-St-Zip: INDIALANTIC, FL 32903 US

Title: T (X) Change ( ) Addition
Name: CRUICKSHANK, BRYAN C
Address: 125 LEE ST
City-St-Zip: INDIALANTIC, FL 32903 US

Title: PP ( ) Change (X) Addition
Name: SCOMA, LARAINE M PAST PR
Address: 116 LEE ST
City-St-Zip: INDIALANTIC, FL 32903 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN C. CRUICKSHANK PRES 04/30/2004
Electronic Signature of Signing Officer or Director — Date