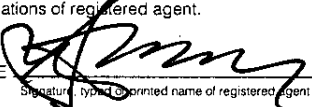
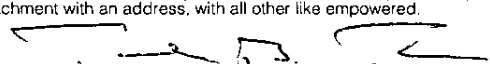


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90008 027 ****61.25

DOCUMENT # N22123 1. Entity Name THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 201 FRONT STREET SUITE 103 KEY WEST, FL 33040 US			Mailing Address 201 FRONT STREET SUITE 103 KEY WEST, FL 33040 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0069401	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STERLING, CHRISTIAN 201 FRONT STREET SUITE 103 KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				DATE 1/26/04	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				TITLE OPERATIONS DIRECTOR / REGISTERED AGENT	
Filing Fee is \$61.25 Due by May 1, 2004		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	D BAUMANN, REBECCA 7916 MADISON PARK LANE RALEIGH, NC 27615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WOOKEY, FRED 3951 COVENTRYVILLE RD POTTSTOWN, PA 19465	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAROLD BERRY 5321 PEAKWOOD LANE ERIE, PA 16506 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TUKEY, TOM 58 FRONT ST. KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERIO, FRANK 907 S. SCHULZ RD FENWICK ISLAND, DE 19944	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAUL RYALS 401-D EMMA ST. KEY WEST, FL 33040 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, JIM 208 53RD ST VIRGINIA BEACH, VA 23451	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKMAN, FRED 500 NOAH LANE KEY WEST, FL 33040	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP WILSON 518 EMMA ST. KEY WEST, FL 33040 ☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/26/04 305-246-0556 Daytime Phone #					

54005974

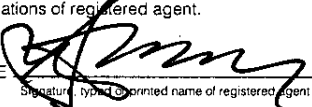


01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0069401

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

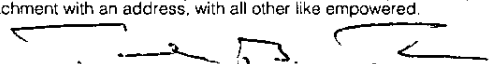
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 SIGNATURE 
 TITLE **OPERATIONS DIRECTOR / REGISTERED AGENT** DATE **1/26/04**

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

**Make check payable to
Florida Department of State**

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SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1/26/04** 305-246-0556 Daytime Phone #