2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22123

1. Entity Name

THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90216 040 ****61.25

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		3. Mailing Address	***	CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc.		Suite, Apt. #, etc	D					
City & State		City & State		4. FEI Number 65-0069401	Applied For			
·					Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6.	Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent SŢERLING, CHRISTIAN 201 FRONT STREET SUITE 103			Name Street Add	iress (P.O. Box Number is Not Acceptable)				

8. The above named entity subtraits 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,

KEY WEST FL 33040

Signature, typed or printed name or registered agent and title if applicable.

OLEMNIONS O'VERLEU

(NOTE: Registered Agent signature required when reinstating)

2/8/03 DATE

FILE NOW: FEE IS \$61.25

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

Zip Code

10.	OFFICERS AND DIRECTORS		11.		S TO OFFICERS AND DIF		
TITLE	D	Delete	TITLE	D		Change	Addition
NAME	MENTONIS, GEORGE	~	NAME	BAUMANN, REBE	ec A		
STREET ADDRESS	346 BEACH 144TH ST		STREET ADDRESS	7916 MADISON	park lawe		
CITY-ST-ZIP	NEPONSIT NY 11694-1117		CITY-ST-ZIP	RALIEGH, NC	27615		
HILE	DT	☐ Delete	TITLE			Change	☐ Addition
NAME	wookey, fred		NAME				
	3951 COVENTRYVILLE RD		STREET ADDRESS				
CITY-ST-ZIP	POTTSTOWN PA 19465	" many management of the second secon	CITY-ST-ZIP				
TITLE	P/D	☐ Delete	TITLE			Change	Addition
NAME	TUKEY, TOM		NAME .				
STREET ADDRESS	58 FRONT ST.		STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	SERIO, FRANK		NAME .				
STREET ADDRESS	907 S. SCHULZ RD		STREET ADDRESS				
CITY-ST-ZIP	FENWICK ISLAND DE 19944		CITY-ST-ZIP			*	
TITLE	V/D	Delete	TITLE	VD		Change	Addition
NAME	Cartledge, Bill	•	NAME	HALL, JIM 208 53 M. ST			
STREET ADDRESS	208 -53RD ST		STREET ADDRESS				
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	r ,	CITY-ST-ZIP	VIRGINIA BEACH	VA 23451		
TITLE	D	☐ Delete	TITLE		'	Change	☐ Addition
NAME	WICKMAN, FRED		NAME				
STREET ADDRESS	500 NOAH LANE		STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		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.

SIGNATURE:

SUPLATORY RECLURED

2/10/200:

CR2E037 (10/02)