2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNAR OFFICER OR DIRECTOR

Mar 22, 2004 8:00 am **Secretary of State DOCUMENT # N29643** 03-22-2004 90071 004 ****61 25 OAK FORD GOLF CLUB OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 2100 CONSTITUTION BLVD, STE 118 PO BOX 20096 24026497 SARASOTA, FL 34276 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address 1801 GLENGARY ST 1801 GLENGARY ST Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-0188722 SARASOTA FL SARASOTA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34231 34231 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROGRESSIVE COMMUNITY MGMT Street Address (P.O. Box Number is Not Acceptable) 2100 CONSTITUTION BLVD, STE 118 SARASOTA, FL 34238 1801 GLENGARY ST Zip Code 34231 SARASOTA 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 Fiorida. 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition WHITE, KAREN NAME NAME STREET ADDRESS 2031 PALM VIEW RD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 1 JOHN KENNEDY SIVERLY, TRICIA NAME NAME 13196 BROADSTONE LN 12831 SHERINGHAM WAY STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP TITLE **™** Delete TITI F ☐ Change Addition V/O DANCOURT, MARCELO NAME BRIAN CULLATHER NAME 2523 OAK FORD RD 1576 KING'S DOWN DR STREET ADDRESS STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP TITLE SD **™** Delete TIM F 5/0 ☐ Change Addition LOPEZ SCHUN, COLLEEN H NAME NAME ゴルム 1767 PALM VIEW RD. 12825 SHERINGHAM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-7IP SARASOTA FL 34240 Delete ☐ Change TITLE Addition MARJORIE HOLMAN FOXWELL, CRAIG NAME NAME 2100 KINGS DOWN DA. 1705 PALMVIEW RD STREET ADDRESS STREET ADDRESS SARASOTA, FL. 34240 CITY-ST-ZIP CITY-ST-ZIP SARASOTA EL 34240 **⊠** Delete MILE ☐ Change **X** Addition DENNIS CRAIG BENN, RICHARD NAME NAME 2175 OAK FORD RD 2390 OAK FORD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA, FL 34240 SARASOTA FL 34240 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 his 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 otherwise empowered. 941-341-0686

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A 5-456-61	UMENT # N29643 DRD GOLF CLUB OWNERS	ASSOCIATION, INC	c. (attal	June	K
2100 CON	ace of Business STITUTION BLVD, STE 118 , FL 34231	Mailing Address PO BOX 20096 SARASOTA, FL 3427	-		AHallment 24026497			
/8	Place of Business 801 GLENCARY ST. 101. #, etc.	3. Mailing Address /80/ GLF Suite, Apt. #, etc.	wgary s	Τ			CR2E037 (10/03)	
	RASOTA FL	City & State SARASOT Zip 3 423/	A FL Country		4. FEI Number 65-018872 6. Certificate of St		N \$8.75 Ad	
PROGRE 2100 COI SARASO	Name Street	7. Name and Address of New Registered Agent and Address (P.O. Box Number is Not Acceptable) 1801 GLENGARY ST.						
8. The above the obligation of the state of	Signature, typed to printed name of registered agent and Filling Fee is \$61.25	I title if applicable. (NOTE	E: Registered Agent sign	or registere		the State of Floric		
	Due by May 1, 2004 OFFICERS AND DIREC				\$5.00 May Be		e check payable	
10.			Contribution,		Added to Fees	Florida	a Department of S	iate
name Street address	OFFICE SAID BINE			D B1 L L 1289	Added to Fees DDITIONS/CHANGI BERGER S SHERING	Florida ES TO OFFICERS LON SHAM WA	AND DIRECTORS II	iate
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