

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2004  
Secretary of State**

DOCUMENT# N38459

Entity Name: FLORIDA COMMUNITY PARTNERS, INC.

**Current Principal Place of Business:**

3100 CLAY AVE  
SUITE 220  
ORLANDO, FL 32804

**New Principal Place of Business:**

2715 W FAIRBANKS AVE  
SUITE 200  
WINTER PARK, FL 32789

**Current Mailing Address:**

3100 CLAY AVE  
SUITE 220  
ORLANDO, FL 32804

**New Mailing Address:**

2715 W FAIRBANKS AVE  
SUITE 200  
WINTER PARK, FL 32789

FEI Number: 59-3020738      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWE, CHARLES A  
3100 CLAY AVE.  
SUITE 220  
ORLANDO, FL 32804

**Name and Address of New Registered Agent:**

ROWE, CHARLES A  
2715 W FAIRBANKS AVE  
SUITE 200  
WINTER PARK, FL 32789

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: CHARLES ROWE      05/03/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: EDSP ( ) Delete  
Name: ROWE, CHARLES  
Address: 3100 CLAY AVE STE 200  
City-St-Zip: ORLANDO, FL 32804

Title: DVP ( ) Delete  
Name: TOREY, ANDY  
Address: 111 N ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: KOEGEL, JACK  
Address: 105 LIVE OAK GARDEN  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP/D ( ) Delete  
Name: CARMICHAEL, BOB  
Address: 390 S ORANGE AVE, SUITE 801  
City-St-Zip: ORLANDO, FL 32801

Title: VPTL ( ) Delete  
Name: MCLAUGHLIN, TIMOTHY  
Address: 201 EAST PINE ST SUITE 1310  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: EDSP (X) Change ( ) Addition  
Name: ROWE, CHARLES  
Address: 2715 W FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: DVP (X) Change ( ) Addition  
Name: TOXEY, ANDY  
Address: 111 N ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

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

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

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

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: CHARLES ROWE      EDSP      05/03/2004  
Electronic Signature of Signing Officer or Director      Date