2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P03000008514** 1. Entity Name 04-15-2004 90016 026 ***150.00 VESTCOR COMMUNITIES, INC. Principal Place of Business Mailing Address 3020 HARTLEY ROAD STE 300 JACKSONVILLE FL 32257 3020 HARTLEY ROAD STE 300 34031010 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 56-2312405 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORGAN, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY ROAD STE 300 JACKSONVILLE FL 32257 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE DC **X** Addition NAME NAME Rood, John D. STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIF CITY-ST-ZIP Jacksonville, FL 32257 TITLE Delete TITLE Change X Addition NAME NAME Farrell, Mark T. STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIP Jacksonville, FL 32257 TITLE ☐ Delete TITLE ☐ Change VST **X** Addition NAME Morgan, William L. STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32257 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. William L. Morgan March 17, 2004 (904) 260-3030 TURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR Daytime Phone #

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if