2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# 738647

Entity Name: ALMERIA ON THE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1798879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEVILLE, ANN
Address: 6470 HOLLYWOOD BLVD. #101
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: EBERSOLE, LEWY
Address: 6470 HOLLYWOOD BLVD 303
City-St-Zip: SARASOTA, FL 34231

Title: VPD ( ) Delete
Name: BANAS, LEE ANN
Address: 672 TALL GRASS DR.
City-St-Zip: BOLINGBROOK, IL 60440

Title: SD (X) Delete
Name: SISNEY, DALE H
Address: 6331 MUIRFIELD LANE
City-St-Zip: ROCKFORD, IL 61114

Title: TD (X) Delete
Name: DAVIS, JEFF T
Address: 6470 HOLLYWOOD BLVD. #104
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: EBERSOLE, LEWY
Address: 6470 HOLLYWOOD BLVD #303
City-St-Zip: SARASOTA, FL 34231

Title: STD (X) Change ( ) Addition
Name: SISNEY, DALE H
Address: 6331 MUIRFIELD LN
City-St-Zip: ROCKFORD, IL 61114

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: ANN NEVILLE PD 04/16/2004

Electronic Signature of Signing Officer or Director — Date