2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 538862** 04-05-2004 90004 012 ***158.75 1. Entity Name TIERRA DEL LAGO, INC. Principal Place of Business Mailing Address 54025889 55 EAST OCEAN BLVD. 55 EAST OCEAN BLVD. STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1842261 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 GUY, WILLIAM E JR Street Address (P.O. Box Number is Not Acceptable) 55 EAST OCEAN BLVD. STUART, FL 34994 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Addition TITLE TITLE D X Change WRIGHT, RICHARD A. NAME NAME **VELA, GAY** 300 COLORADO AVE. STREET ADDRESS STREET ADDRESS APT 2707 , ONE HARBOURSIDE DRIVE CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP DELRAY BEACH, FL 33383 TITLE D ☐ Delete TITLE Addition NAME VELA, GAY NAME 9250 PALMAIRE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH, FL-33069 TITLE ☐ Delete ☐ Addition ☐ Change 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-7IP ☐ Delete Change TITLE 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 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 obtain that invitoring 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 frector 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 for Block 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>RICHARD A.</u> WRIGHT

Date

FILED