2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 556379

1. Entity Name

SEA RANCH COMMUNITY DEVELOPMENT, INC.



Principal Place of Business

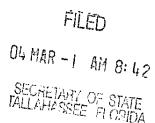
312 SE 17TH STREET

SUITE 300 FT. LAUDERDALE, FL 33316 Mailing Address

312 SE 17TH STREET

SUITE 300

FT. LAUDERDALE, FL 33316





DO NOT WRITE IN THIS SPACE

01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1842744 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER; CHARLES L. 2205 MIDDLE RIVER DR. FT. LAUDERDALE, FL 33305

SIGNATURE:

DO NOT WRITE
IN THIS SPACE

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 NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing \$5.00 M Added to F	ay Be	
£ 10.	OFFICERS AND DIREC	TORS		* * * * * * * * * * * * * * * * * * *	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANTRELL, WILLIAM G. 2732 NE 18 TERRACE WILTON MANORS, FL			2000301	.05092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PALMER, CHARLES L. 2205 MIDDLE RIVER DR. FT. LAUDERDALE, FL			03/03/0401042	005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLOSKY, DONALD C. 2609 N.E. 8TH ST. FT. LAUDERDALE, FL	·		DO NOT WI	RITE
NAME STREET ADDRESS CITY-ST-ZIP	-V	مستحد دونتها الما الإنتائينيسة ال		IN THIS-SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, WALTER C. 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE, FL				
TITLE NAME STREET ADDRESS					

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 changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR