2004 NOT-FOR-PROFIT CORPORATION ____ANNUAL REPORT (AR)

Feb 23, 2004 8:00 am Secretary of State **DOCUMENT # 701328** 1. Entity Name 02-23-2004 90024 045 ****61.25 300 SOUTH OCEAN BOULEVARD APARTMENTS, INC. Principal Place of Business Mailing Address 300 SOUTH OCEAN BLVD PALM BEACH FL 33480 300 SOUTH OCEAN BLVD PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-0902393 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANISTER, JOHN WARWICK, SIMSES, BAUER, & BANISTER 140 ROYAL PALM WAY, STE 205 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE TITLE ☐ Change Addition Delete Treasurer JOHNS, PATRICIA NAME NAME Susan Slater 300 S OCEAN BLVD STREET ADDRESS STREET ADDRESS 300 S. Ocean Blvd. PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP Palm Beach, Fl TITLE TITLE ☐ Change Addition Delete MCLENDON, JOYCE Director NAME 300 S OCEAN BLVD Neil McGinness STREET ADDRESS STREET ADDRESS 300 S. Ocean Bl Palm Beacj, Fl PALM BCH FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change Secretary _ PERIALE, MARY E NAME NAMĒ Robert Krener 300 S OCEAN BLVD STREET ADDRESS STREET ADDRESS 300 S. Ocean Blyd Palm Beach, FL 33480 PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete SMITH, WALTER NAME NAME 300 S. OCEAN BLVD STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FOSTER, JAMES NAME 300 S. OCEAN BLVD. STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ 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 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 operation of the o

empowered.

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