2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 10, 2004 8:00 am Secretary of State **DOCUMENT # 715709** 1. Entity Name 05-10-2004 90452 031 ****61.25 BOCA CIEGA POINT EAST "ONE" CONDOMINIUM, INC. Principal Place of Business Mailing Address 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1561870 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 Name FEDERATION OF BOCA CIEGA PT CONDO, INC. Street Address (P.O. Box Number is Not Acceptable) 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708 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 litle if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. П Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition BEVELHIMER, Pat BEUBLHEIMER, PAT NAME NAME 275 BOCA CIEGA PT BLVD (correction) STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33708 CITY-ST-ZIP CITY+ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE MAZUREK, BEN NAME NAME 275 BOCA CIEGA PT BLVD STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33708 CITY-ST-ZIP CITY-ST-ZIP SD Delete ☐ Change ☐ Addition TITLE TITLE MARSHALL, GENEVIEVE NAME NAME 275 BOCA CIEGA PT BLVD. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33708 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE HERMANN, PETER NAME. NAME 275 BOCA CIEGA PT BLVD STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33708 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

MAZUREK SIGNATURE:

CITY-ST-ZIP 12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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