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

FILED May 03, 2004 8:00 am Secretary of State **DOCUMENT # 723205** 1. Entity Name 05-03-2004 90389 044 ****61.25 THE FRANGIPANI CONDOMINIUM APARTMENTS, INC. Principal Place of Business Mailing Address 120 ANCHOR DR KEY LARGO FL 33037 US 120 ANCHOR DR KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1508374 Not Applicable Zip Country Zip 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 MOSS, EVELYN Street Address (P.O. Box Number is Not Acceptable) 120 ANCHOR DRIVE -STE 476- KEY LARGO FL 33037 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. Lam 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 Fiorida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEVINE, PATRICK NAME NAME 120 ANCHOR DRIVE STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change Addition BOWDEN, HERB NAME NAME 120 ANCHOR DRIVE STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIE STD TITLE ☐ Delete TITLE ☐ Change Addition CRISP, CYNTHIA NAME 120 ANCHOR DRIVE STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP POA TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOSS, EVELYN NAME NAME 120 ANCHOR DRIVE STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 617, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Evelyn Moss,

4-28-04

305-367-3232

Daytime Phone #