


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

FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90223 039 ****61.25

DOCUMENT # 741848	
1. Entity Name LOCH LOMOND CLUB SOUTH HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O CASTLE MANAGEMENT INC 4450 W SUNRISE BLVD C-100 PLANTATION FL 33313 US	Mailing Address C/O CASTLE MANAGEMENT INC P O BOX 189013 PLANTATION FL 33318 US
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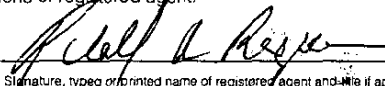
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1921551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASTLE MANAGMENT INC 4450 WEST SUNRISE BOULEVARD SUITE C-100 PLANTATION FL 33313	
7. Name and Address of New Registered Agent Name: RANDALL K. ROGER ASSO. Street Address (P.O. Box Number is Not Acceptable): 691 NW 53rd St., Ste 300 City: BOCA RATON FL Zip Code: 33487	

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:  **Randall K. Roger, Pres.** DATE: **4-26-04**

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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUCK, GLADYS 3000 NW 5TH TERRACE POMPANO BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROMANINI, ROBERT 3000 NW 5TH TERRACE #125 POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCARTNEY, LYNN 3001 NW 4TH TERRACE #146 POMPANO BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. James Bertram 3001 N.W. 4th Terr. #163 Pompano Bch, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jerome Sadler 3000 N.W. 5th Terr #149 Pompano Bch, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **Jerome M. Sadler** DATE: **4/14/04** Daytime Phone #: **561 302 7899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR