2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 04, 2005 8:00 am Secretary of State **DOCUMENT # 745417** 1. Entity Name 03-04-2005 90072 043 ****61.25 PECAN TREE CONDOMINIUM APTS., INC. Principal Place of Business Mailing Address 2324 VAN BUREN ST. HOLLYWOOD FL 33020-4945 2324 VAN BUREN ST. HOLLYWOOD FL 33020-4945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2342380 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 LUCAS, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 2324 VAN BUREN STREET #202 **HOLLYWOOD FL 33020** 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 П Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change ☐ Addition LUCAS, ROBERT F 2324 VAN BUREN ST #202 STREET ADDRESS STREET ADDRESS HOLLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ■ Delete TITLE TITLE ☐ Addition ENGLAND, SUSAN LISA BARRON NAME NAME 2324 VAN BUREN ST. #203 2324 VAN BUREN ST #103 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Delete TITLE ☐ Change Addition PROUSALIS, MARJORIE J. NAME 2324 VAN BUREN STREET #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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.

FILED