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

Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # 750723** 1. Entity Name GLADES TURNPIKE ASSOCIATION, INC. Principal Place of Business Mailing Address 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434 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 59-2073209 Not Applicable Zιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEURRING, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD, SUITE 310 **BOCA RATON FL 33434** City Zip Cade 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 it applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution, Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DST TITLE ☐ Delete TITLE. Change Addition U0000012745i LOPEZ, KATHRYN A. NAME NAME 04/23/04-86074 7777 GLADES ROAD #310 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DILE Change Addition SCHMIER, ROBERT J. NAME NAME 7777 GLADES RD. #310 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY - ST- ZIP COY-ST-7IP TITLE ☐ Delete TOTLE Change Addition FEURRING, DOUGLAS R. NAME NAME 7777 GLADES ROAD #310 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change ☐ Addition WIENER, ELLIOTT NAME NAME 7777 GLADES ROAD #410 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 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 acceptate 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 repoll 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Robert J. Schmier

FILED

56/483-8400