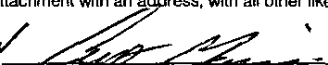


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90045 002 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                     |                                                                         |                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 751374</b><br>1. Entity Name<br><b>SCOTTISH TOWERS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                     |                                                                         |                                                              |  |
| Principal Place of Business<br><b>INC.<br/>464 N PAULA DR<br/>DUNEDIN, FL 34698</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |                                                                                     | Mailing Address<br><b>INC.<br/>464 N PAULA DR<br/>DUNEDIN, FL 34698</b> |                                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            | 3. Mailing Address                                                                  |                                                                         |                                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | Suite, Apt. #, etc.                                                                 |                                                                         |                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            | City & State                                                                        |                                                                         |                                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                    | Zip                                                                                 | Country                                                                 | 4. FEI Number<br><b>59-1977516</b>                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            |                                                                                     |                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                     |                                                                         | 7. Name and Address of New Registered Agent                                                                                                   |  |
| <b>BRUNRY, MICHAEL J<br/>28100 US 19 NORTH<br/>CLEARWATER, FL 33761</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |                                                                                     |                                                                         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                            |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                     |                                                                         | FL Zip Code                                                                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                                                                     |                                                                         | DATE _____                                                                                                                                    |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                         | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                        |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                                                                     |                                                                         |                                                                                                                                               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |                                                                                                                                               |  |
| TITLE <b>ST</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>FD-<br/>GATES, LESTER<br/>464 N PAULA DR STE 116<br/>DUNEDIN, FL 34698</b> <input type="checkbox"/> Delete              |                                                                                     | TITLE <b>P</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <b>CURT MARIANO<br/>464 PAULA DR # 309<br/>DUNEDIN, FL 34698</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE <b>VP</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>D<br/>GARSIA, GEORGE<br/>464 PAULA DRIVE NORTH #119<br/>DUNEDIN, FL 34698</b> <input type="checkbox"/> Delete           |                                                                                     | TITLE <b>D</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <b>KEN MOEHLE<br/>2202 ROCKWELL DR<br/>SOUTH BEND, IN 46615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>SCULLY, LEO<br/>7786 SKYLINE VIEW DRIVE<br/>CONCORD TOWNSHIP, OH 44060</b> <input type="checkbox"/> Delete        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD-<br/>MIDGLEY, JACK<br/>3086 MANLEY DRIVE<br/>LANSING, MI 48910</b> <input checked="" type="checkbox"/> Delete        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD-<br/>BONASORD, SALVATORE<br/>464 PAULA DR N 223<br/>DUNEDIN, FL 34698</b> <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                            |                                                                                     |                                                                         |                                                                                                                                               |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                                                                                     | <b>3-15-04 777 734 2615</b>                                             |                                                                                                                                               |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                     | Date Daytime Phone #                                                    |                                                                                                                                               |  |