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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## May 06, 2004 8:00 am Secretary of State **DOCUMENT # 752363** 1. Entity Name 05-06-2004 90173 023 \*\*\*\*61.25 EXECUTIVE MANOR SUBDIVISION UNIT 1 & UNIT 2. Principal Place of Business Mailing Address 2240 47TH TERR VERO BEACH FL 32960 2240 47TH TERR 24071778 VERO BEACH FL 32960 LIS 2. Principal Place of Business 3. Mailing Address u Suite, Apt. #, etc. MOORE CR2E037 (11/03) TORO BEAL City & State Applied For 4. FEI Number NO-T APPLICABLE EZUBE Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired . Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD D. PLLIOT ANDERSON, DOUGLAS A Street Address (P.O. Box Number is Not Acceptable) 2240 47TH TERRACE VERO BEACH FL 32966 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Addition OTTERSTEDT, JOHN H. JOHN STEPANEK NAME NAME 2210 47TH TERRACE STREET ADDRESS STREET ADDRESS VERO BCH FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Delete ANDERSON, DOUGLAS A. NAME NAME 2240 47TH TERRACE STREET ADDRESS STREET ADDRESS VERO BCH FL CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Addition Delete TITLE WOODIWISS, MARY LOU NAME NAME 2245 47TH TERRACE 2225 475 STREET ADDRESS STREET ADDRESS VERO BCH FL CITY-ST-ZIP CITY-ST-2IP IERU BEACH, FL DDE TITI F Addition ☐ Delete 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 Change TITLE ☐ Delete TITLE ☐ 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

FILED