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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756008

1. Corporation Name

LOBLOLLY BAY CONDOMINIUM ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
RPORATED 8000 SE LITTLE HARBOUR DR. HOBE SOUND FL 33455	RPORATED 8000 SE LITTLE HARBOUR DR. HOBE SOUND FL 33455

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/22/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2173628 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FLANIGAN, JOHN F.
625 N. FLAGER DR 9TH FLR
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name: JANE COKNETT
82 Street Address (P.O. Box Number is Not Acceptable)
83: 401 E OSCEOLA ST.
84 City: STUART FL 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 3-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	RD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MCNERNEY, WALTER		1.2 NAME	WIRTH, WILLARD	
STREET ADDRESS	7900 SE LITTLE HARBOUR DRIVE		1.3 STREET ADDRESS	8030 SE LITTLE HARBOUR DR.	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VP	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WORRALL, STEVEN		2.2 NAME	RASSIEUR, FRANK	
STREET ADDRESS	8000 SE LITTLE HARBOUR		2.3 STREET ADDRESS	7900 SE LITTLE HARBOUR DR.	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	REYNOLDS, THOMAS A JR		3.2 NAME	DAVIS, DONALD	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA		3.3 STREET ADDRESS	8030 SE LITTLE HARBOUR DR.	
CITY-ST-ZIP	CHICAGO, IL 00000		3.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHANCK, TOM		4.2 NAME	SHEEHAN, ROBERT	
STREET ADDRESS	8000 SE LITTLE HARBOUR		4.3 STREET ADDRESS	7800 SE LITTLE HARBOUR DR.	
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BODEEN, GEORGE		5.2 NAME		
STREET ADDRESS	7602 SE SANDERLING PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-15-99 561-546-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #