2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90010 034 ****70.00

DOCUMENT # 756008

1. Entity Name
LOBLOLLY BAY RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O DICKINSON MANAGEMENT INC. 7136 SE OSPREY ST HOBE SOUND, FL 33455	401 EAST OSCEOLA STREET STUART, FL 33995

01162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7407 SE Hill Terrace	7407 SE Hill Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, Fl	City & State: Hobe Sound Fl
Zip: 33455 Country: USA	Zip: 33455 Country: USA

4. FEI Number 59-2173628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKINSON MANAGEMENT INC. 7136 S.E. OSPREY ST HOBE SOUND, FL 33410	Name: Jane Cornett Street Address (P.O. Box Number is Not Acceptable): 401 E Osceola Street City: Stuart **FL** Zip Code: 34994

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 _____ 2/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CASTLE, SALLY 8030 S.E. LITTLE HARBOUR DR. HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SHAW, CHARLES 8029 SE LITTLE HARBOR DR HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RODGERS, CYNTHIA 7860 SE LITTLE HARBOUR DR., D-2 HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEIR, LARRY 8050 SE LITTLE HARBOUR DR., H-10 HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WHITMAN, WILLIAM JR 8050 SE LITTLE HARBOUR DR., H-7 HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Sally W. Castle 2/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #