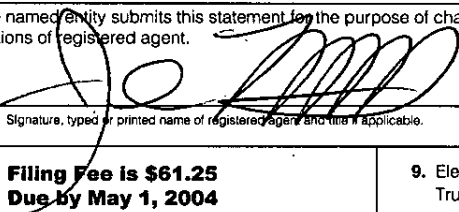
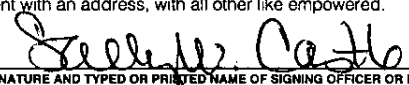


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90010 034 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                        |                                                                        |                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 756008</b><br>1. Entity Name<br><b>LOBLOLLY BAY RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                        |                                                                        |                                                                                                                                   |  |
| Principal Place of Business<br><b>C/O DICKINSON MANAGEMENT INC.<br/>7136 SE OSPREY ST<br/>HOBE SOUND, FL 33455</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                                                                        | Mailing Address<br><b>401 EAST OSCEOLA STREET<br/>STUART, FL 33995</b> |                                                                                                                                                                                                                    |  |
| 2. Principal Place of Business<br><b>7407 SE Hill Terrace</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | 3. Mailing Address<br><b>7407 SE Hill Terrace</b><br>Suite, Apt. #, etc.                                               |                                                                        |                                                                                                                                                                                                                    |  |
| City & State<br><b>Hobe Sound, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | City & State<br><b>Hobe Sound, FL</b>                                                                                  |                                                                        | 4. FEI Number<br><b>59-2173628</b>                                                                                                                                                                                 |  |
| Zip<br><b>33455</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      | Country<br><b>USA</b>                                                                                                  |                                                                        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DICKINSON MANAGEMENT INC.<br/>7136 S.E. OSPREY ST<br/>HOBE SOUND, FL 33410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                                                                        |                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>Jane Cornett</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>401 E Osceola Street</b><br>City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                                                        |                                                                        | DATE <b>2/2/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                  |  |
| <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 Added to Fees</b> |                                                                        | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>           |                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>CASTLE, SALLY<br>8030 S.E. LITTLE HARBOUR DR.<br>HOBE SOUND, FL 33455          | <input type="checkbox"/> Delete                                                                                        |                                                                        |                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DV<br>SHAW, CHARLES<br>8029 SE LITTLE HARBOR DR<br>HOBE SOUND, FL 33455              | <input type="checkbox"/> Delete                                                                                        |                                                                        |                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DS<br>RODGERS, CYNTHIA<br>7860 SE LITTLE HARBOUR DR., D-2<br>HOBE SOUND, FL 33455    | <input type="checkbox"/> Delete                                                                                        |                                                                        |                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>WEIR, LARRY<br>8050 SE LITTLE HARBOUR DR., H-10<br>HOBE SOUND, FL 33455         | <input type="checkbox"/> Delete                                                                                        |                                                                        |                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DT<br>WHITMAN, WILLIAM JR<br>8050 SE LITTLE HARBOUR DR., H-7<br>HOBE SOUND, FL 33455 | <input type="checkbox"/> Delete                                                                                        |                                                                        |                                                                                                                                                                                                                    |  |
| 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>2/13/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                        |                                                                        |                                                                                                                                                                                                                    |  |