2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90087 040 ****70.00

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

Principal Place of Business	Mailing Address
7407 SE HILL TERRACE HOBE SOUND, FL 33455	7407 SE HILL TERRACE HOBE SOUND, FL 33455

50005361

01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

CORNETT, JANE
401 E. OSCEOLA STREET
STUART, FL 34994

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CASTLE, SALLY
STREET ADDRESS	8030 S.E. LITTLE HARBOUR DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	DV
NAME	SHAW, CHARLES
STREET ADDRESS	8029 SE LITTLE HARBOR DR
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	DS
NAME	RODGERS, CYNTHIA
STREET ADDRESS	7860 SE LITTLE HARBOUR DR., D-2
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	WEIR, LARRY
STREET ADDRESS	8050 SE LITTLE HARBOUR DR., H-10
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	DT
NAME	WHITMAN, WILLIAM JR
STREET ADDRESS	8050 SE LITTLE HARBOUR DR., H-7
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 1/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #