2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756008



Apr 15, 2003 8:00 am § Secretary of State 04-15-2003 90117 027 ****61.25 LOBLOLLY BAY RESIDENTIAL CONDOMINIUM ASSOCIATION . INC. Principal Place of Business Mailing Address 401-EAST-OSGEOLA STREET 401 EAST-030EOLA STREET STUART FL 33990 C/O DICKINSON MANAGEMENT 7136 SE OSPRE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2173628 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNETT, JANE 401 E OSCEOLA ST-STUART-FL-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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP Delete TITLE **Addition** TITLE SALLY CASTLE NAME RASSIEUR, FRANK NAMÉ 8030 S.E. LITTLE HARBOUR DR. STREET ADDRESS 7900 SE LITTLE HARBOUR DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** HOBE SOUND , FL 330 TITLE Delete TITLE Change ☐ Addition SHAW, CHARLES NAME STREET ADDRESS STREET ADDRESS 8029 SE LITTLE HARBOR DR CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 TITLE CF 15 TITLE Change Delete NAME GITHENS, TOM NAME CYNTHIA RODGERS STREET ADDRESS 7770 SE LITTLE HARBOUR DR STREET ADDRESS 7800 SE LIHIE Harbour CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** D-2 HOBE Sound TITLE Delete TITLE NAME NAME LARRY WEIR STREET ADDRESS STREET ADDRESS 8050 SE LIHIE HOWLOUGE DAGE H-10 HOBE SOUND FL 334155 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WILLIAM WHITMAN, TR. NAME NAME STREET ADDRESS STREET ADDRESS 80505E Little Howknew Dr. CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGN

STREET ADDRESS

CITY-ST-ZIP

FILED