


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90073 022 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 758638</b>					
1. Corporation Name <b>LOBLOLLY BAY MARINA CONDOMINIUM ASSOCIATION, INC</b> <b>ORPORATED</b>					
Principal Place of Business <b>8000 SE LITTLE HARBOR AVE.</b> <b>HOBE SOUND FL 33455</b>			Mailing Address <b>8000 SE LITTLE HARBOR AVE.</b> <b>HOBE SOUND FL 33455</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/03/1981</b> 4. FEI Number <b>59-2173320</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 5. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>FLANIGAN, JOHN F</b> <b>625 N. FLAGLER DRIVE, 9TH FLOOR</b> <b>WEST PALM BEACH FL 33402</b>			10. Name and Address of New Registered Agent 81 Name <b>JANE CORNETT</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>401 E OSCEOLA ST.</b> 84 City <b>STUART</b> FL 85 Zip Code <b>34994</b>		
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 617.0508, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE <b>3-19-99</b>					
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <b>BODEEN, GEORGE</b> STREET ADDRESS <b>7802 SE SANDERLING PLACE</b> CITY-ST-ZIP <b>HOBE SOUND FL</b> TITLE <b>AVP</b> <input checked="" type="checkbox"/> DELETE NAME <b>WORRALL, STEVE</b> STREET ADDRESS <b>8000 SE LITTLE HARBOUR</b> CITY-ST-ZIP <b>HOBE SOUND FL</b> TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>STACKLER, ROBERT</b> STREET ADDRESS <b>7930 SE LOBLOLLY BAY DRIVE</b> CITY-ST-ZIP <b>HOBE SOUND FL</b> TITLE <b>OP</b> <input checked="" type="checkbox"/> DELETE NAME <b>MCNERNEY, WALTER</b> STREET ADDRESS <b>7900 SE LITTLE HARBOUR DRIVE</b> CITY-ST-ZIP <b>HOBE SOUND FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>HOWARD WENTZ</b> 1.3 STREET ADDRESS <b>7831 SE LITTLE HARBOUR DR.</b> 1.4 CITY-ST-ZIP <b>HOBE SOUND, FL 33455</b> 2.1 TITLE <b>AVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>TED HERLE</b> 2.3 STREET ADDRESS <b>6325 POMPADOUR ST</b> 2.4 CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b> 3.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <b>SHEEHAN ROBERT D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS <b>7800 SE LITTLE HARBOUR DR.</b> 4.4 CITY-ST-ZIP <b>HOBE SOUND, FL 33455</b> 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 of 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 #

CR2E037 (1/98)