
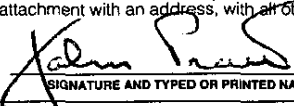


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 049 ****70.00

DOCUMENT # 758638					
1. Entity Name LOBLOLLY BAY MARINA CONDOMINIUM ASSOCIATION, INCORPORATED					
Principal Place of Business 7407 SE HILL TERRACE HOBE SOUND, FL 33455			Mailing Address 7407 SE HILL TERRACE HOBE SOUND, FL 33455		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2173320	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME PRATT, JOHN <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7817 SE LOBLOLLY BAY DR.	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE ST	NAME CONNER, BILL <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7603 SE SANGTERLING PLACE	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BINDER, BOB <input checked="" type="checkbox"/> Delete		TITLE Vice President	NAME David W Scott <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 7575 SE GOLFHOUSE DR.	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 6556 SE Mourning Dove Way	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE D	NAME BRUCKER, BOB <input checked="" type="checkbox"/> Delete		TITLE Director	NAME Donald W. Davis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 7679 SE GOLFHOUSE DR.	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 8030 SE Little Harbour Drive, H-2	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE D	NAME SULLIVAN, JOHN <input checked="" type="checkbox"/> Delete		TITLE Director	NAME Osmar P. Steinwackl, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 7211 SE GOLFHOUSE DR.	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 7750 SE Lake Shore Drive	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE D	NAME GOLAN, LEONARD <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7056 SE GOLFHOUSE DRIVE	CITY-ST-ZIP HOBE SOUND, FL 33455		_____ _____ _____		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					