2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # 761988** 04-30-2004 90258 038 ****61.25 1. Entity Name COR-MARIE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business 1 Mailing Address 340/0341 2510 SE 16TH PL 2510 SE 16TH PL CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State Applied For City & State 4. FEI Number 59-6783949 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNNIC, KATHRYN Street Address (P.O. Box Number is Not Acceptable) 2510 SE 16TH PL #101 CAPE CORAL FL 33904 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Shirley Brown 2510SE HOTH PL #105 CAPE CORAL FL 33904 Change TITLE 🔀 Delete TITLE ☐ Addition ADKINS, SHIRLEY NAME NAME 2510 SE 16TH PLACE #202 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition KATHRYN, JOHNNIC C NAME NAME 2510 SE 16TH PLACE #101 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE HARTLEY, NADINE NAME NAME 2510M 16TH PLACE #201 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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:

STREET ADDRESS

4/27/04

FILED