2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# 764801

Entity Name: THE MARTHA WASHINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1636 KING STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-0119039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: ESDALE, MARY LEW
Address: 2716 OAK ST #!
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: MORRIS, KEVIN
Address: 2716 OAK STREET, #5
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete
Name: YOUNG, DEIRDRE
Address: 2716 OAK STREET #6
City-St-Zip: JACKSONVILLE, FL 32205

Title: PD (X) Delete
Name: LEWIS, ALLEN
Address: 1636 KING ST #4
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEWIS, ALLEN
Address: 1636 KING ST #4
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD (X) Change ( ) Addition
Name: ESDALE, MARY
Address: 2716 OAK STREET #1
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD (X) Change ( ) Addition
Name: KELLY, BRENDA
Address: 1636 KING ST #2
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN LEWIS PD 04/13/2004

Electronic Signature of Signing Officer or Director — Date