2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # K44981 1. Entity Name 04-12-2004 90291 019 ***150.00 WATERFRONT REALTY GROUP, INC. Mailing Address Principal Place of Business 1395 3RD STREET SOUTH 5801 PELICAN BAY BLVD 44027532 NAPLES FL 33940 US SUITE 300 NAPLES FL 34108-2709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0088386 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, GARY K. Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD SUITE 300 NAPLES FL 34108-2709 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition DΡ TITLE ☐ Change TITLE ☐ Delete **OUVERSON, THOMAS** NAME NAME STREET ADDRESS 1395 3RD STREET SOUTH STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition 🛮 Delete TITI F TITLE OLEN, DOMALD S. NAME 2436 DUCHESS CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Change -☐ Addition TITLE: CEO Detete ----NAME NEWBY, JACK 2026 N. TAMIAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete ☐ Change ☐ Addition TITLE NEWBY, RICHARD NAME NAME STREET ADDRESS 2026 N. TAMIAMI STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information symbled with this filling 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 eath; that I am an officer or director of the corporation or the receiver of rustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: OFFICER OR DIRECTOR

changed, or on an attachment y

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