2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004531

FILED Mar 29, 2004 Secretary of State

Entity Name: THE BROADWAY MARQUEE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 03-0421253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 WEST STATE ROAD 434, SUITE 5000 LONGWOOD, FL 327795044 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MILLER, BARRY L
 Name:
 TURNER, MICHELLE

 Address:
 11 N.SUMMERLIN AVE
 Address:
 520 BROADWAY AVE #12

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32803

Title: D () Delete Title: VPD (X) Change () Addition

 Name:
 HOWARD, KENNETH
 Name:
 DOBSON, CRAIG

 Address:
 11 N.SUMMERLIN AVE
 Address:
 520 BROADWAY AVE #8

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32803

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf STD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 SEAGLE, JOSEPH
 Name:
 GRAY, SHELLY

 Address:
 11 N.SUMMERLIN AVE
 Address:
 PO BOX 1084

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32802

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: MICHELLE TURNER PD 03/29/2004