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

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # N01000006397 1. Entity Name 04-01-2004 90005 009 ****61.25 LAKEHURST PLAZA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1052 S.W. BILTMORE ST. 1052 S.W. BILTMORE ST. 54024992 PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 90-0002914 Not Applicable Zip Country 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 MICHELS, KIM 1052 S.W. BILTMORE ST. PORT ST. LUCIE FL 34983 105-2-SUJ-BH+More-ST or St. Lucie 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. † am familiar with, and accept the obligations of registeres 03-29-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE President TITLE ☐ Delete BARANSKI, WILLIAM NAME Anthony Ranella NAME 926 S.W. BAYSHORE DR. STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-7(P CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SUBOCK, WILLIAM NAME NAME 1064 S.W. BILTMORE ST. STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ☐ Delete Treasurer TITLE MICHELS, KIM NAME NAME 1053 sui Biltmore ST. 1052 S.W. BILTMORE ST. STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-ZIP 34983 CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trust the 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O