2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005424

City-St-Zip:

ENGLEWOOD, FL 34223

FILED Feb 21, 2005 Secretary of State

Entity Name: THE HERMITAGE ARTIST RETREAT, INC. **Current Principal Place of Business: New Principal Place of Business:** 6660 MANASOTA KEY ROAD ENGLEWOOD, FL 34223 **Current Mailing Address: New Mailing Address:** P O BOX 1032 ENGLEWOOD, FL 34295 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADLER, SYD 6650 MÁNASOTA KEY ROAD ENGLEWOOD, FL 34223 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: () Change () Addition () Delete ADLER, SYD Name: Name: Address: 9100 FRUITVILLE RD Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BELK, DIANNE Name: Address: 8437 TUTTLE AVE #402 Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: () Delete Title: () Change () Addition DIGNAM, THOMAS Name: Name: Address: 5206 THE POINTE Address:

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.

City-St-Zip:

SIGNATURE: THOMAS M DIGNAM T 02/21/2005