2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N04000003051

Entity Name: FLORIDA CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

848 BRICKELL AVE., SUITE 810
MIAMI, FL 33131

New Principal Place of Business:

500 FLORIDA CLUB BLVD.
ST. AUGUSTINE, FL 32084

Current Mailing Address:

848 BRICKELL AVE., SUITE 810
MIAMI, FL 33131

New Mailing Address:

5200 BELFORT RD., SUITE 250
JACKSONVILLE, FL 32256

FEI Number: 20-0938590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAMAR, LUIS
848 BRICKELL AVE., SUITE 810
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SAWYER, JONATHAN D
5200 BELFORT RD., SUITE 250
JACKSONVILLE, FL 32256 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: JONATHAN SAWYER 05/02/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAMAR, LUIS
Address: 848 BRICKELL AVE., SUITE 810
City-St-Zip: MIAMI, FL 33131

Title: VSTD ( ) Delete
Name: MYERS, DORIS
Address: 848 BRICKELL AVE., SUITE 810
City-St-Zip: MIAMI, FL 33131

Title: VASD ( ) Delete
Name: ZAMBALL, MICHELLE
Address: 848 BRICKELL AVE., SUITE 810
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HICKS, RAY
Address: 500 FLORIDA CLUB BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Change ( ) Addition
Name: POOLE, SAM
Address: 500 FLORIDA CLUB BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Change ( ) Addition
Name: KRUPA, AARON
Address: 500 FLORIDA CLUB BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

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: RAY HICKS D 05/02/2005
Electronic Signature of Signing Officer or Director — Date