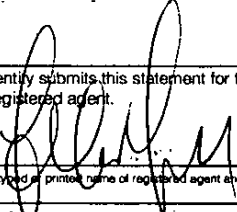
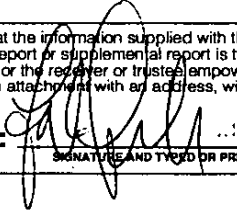


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90093 039 ****61.25

DOCUMENT # N21108 1. Entity Name GROGANS BLUFF ASSOCIATION, INC.					
Principal Place of Business P.O BOX 350762 STE 4 JACKSONVILLE, FL 32235-0762 US			Mailing Address P.O BOX 350762 STE 4 JACKSONVILLE, FL 32235-0762 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2880301	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, RICKY 936 ARKENSTONE DR. JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name <u>Fred Lovelace</u> Street Address (P.O. Box Number is Not Acceptable) <u>12652 Misty Mountain Drive East</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32225</u>		
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:  <u>2-28-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, RICK 936 ARKENSTONE DR. JACKSONVILLE, FL 32225	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fred Lovelace 12652 Misty Mountain Drive East Jacksonville FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZINKAN, JACK 996 WILDERLAND DR. JACKSONVILLE, FL 32225	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carol Shiffert 12629 Hobbit Lane Jacksonville FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOVELACE, FRED 12652 MISTY MOUNTAIN DR. EAST JACKSONVILLE, FL 32225	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD David Rickel 12636 Misty Mountain Drive East Jacksonville FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARCP DAREK, GUIDO 1081 CELEBRANT DRIVE JACKSONVILLE, FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lani Belington 959 Wilderland Drive Jacksonville FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIFFERT, CAROL 12629 HOBBIT LANE JACKSONVILLE, FL 32225	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 trustee 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.					
SIGNATURE:  <u>2-28-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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02272005 Chg-NP CR2E037 (10/03)