2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004
Secretary of State

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Entity Name: ST. LUCIE PRESERVATION ASSOCIATION, INC.

Current Principal Place of Business:

210 S DEPOT DRIVE
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

210 S DEPOT DRIVE
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0443162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLMAN, DORIS
210 S DEPOT DRIVE
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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:

Title: DT ( ) Delete
Name: KAVANAUGH, GAIL
Address: 6560 S FEDERAL HWY
City-St-Zip: PT ST LUCIE, FL 34952

Title: DP ( ) Delete
Name: CULLY, PAM
Address: P.O. BOX 2405
City-St-Zip: FT PIERCE, FL 34954

Title: DV ( ) Delete
Name: SETTERLEE, ANNE
Address: P.O. BOX 1480
City-St-Zip: FORT PIERCE, FL 34954

Title: DS ( ) Delete
Name: LEONARD, CAROLYN
Address: 1825 PARK LANE
City-St-Zip: FORT PIERCE, FL 34945

Title: T ( ) Delete
Name: TILLMAN, DORIS D
Address: 210 S DEPOT DRIVE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: MILLER, DAVID
Address: 2400 S. OCEAN DRIVE#3926
City-St-Zip: FORT PIERCE, FL 34949

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: GILLETTE, PAMELA
Address: 5105 FEATHER CREEK DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: DIR (X) Change ( ) Addition
Name: TILLMAN, DORIS D
Address: 210 S DEPOT DRIVE
City-St-Zip: FORT PIERCE, FL 34950

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: DORIS D. TILLMAN DIR 07/22/2004

Electronic Signature of Signing Officer or Director — Date