

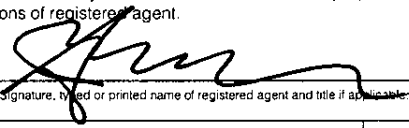
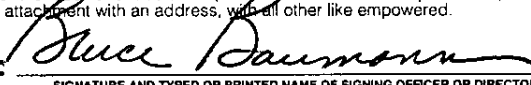


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90040 035 ****61.25

DOCUMENT # N94000000430					
1. Entity Name THE FOUNDRY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 201 FRONT ST., SUITE 103 KEY WEST, FL 33040		Mailing Address 201 FRONT ST., SUITE 103 KEY WEST, FL 33040			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0919182	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHRISTIAN, STERLING J 201 FRONT ST., SUITE 103 KEY WEST, FL 33040			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 		STERLING CHRISTIAN OPERATING DIRECTOR / REGISTERED AGENT		DATE 1/27/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, CHARLES		NAME	RILEY-WINSON, TERESA	
STREET ADDRESS	101 FRONT ST. #8		STREET ADDRESS	518 Emma St.	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, BRUCE		NAME	BAUMANN, BRUCE	
STREET ADDRESS	101 FRONT STREET # 19		STREET ADDRESS	101 FRONT ST. #19	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, BRUCE		NAME	STAK, DANIEL	
STREET ADDRESS	101 FRONT ST. #19		STREET ADDRESS	631 NOLAN DR	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	BATAVIA, IL 60510	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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: 			27 JAN 2004 919-873-9170		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		