


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-04-2005 90110 011 ****70.00

DOCUMENT # W95000002993

1. Entity Name
FL 8-4 McEwan Towers
Complex Resident Assn. Inc



DO NOT WRITE IN THIS SPACE

14016590

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Bertha Williams</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1320 Blvd Arts Apt. 201 B</u>	
	City <u>Sarasota</u> FL Zip Code <u>34236</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 Bertha Williams DATE 4-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Bertha Williams</u> <u>1320 Blvd Arts Apt. 201 B</u> <u>Sarasota, FL 34236</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Tom Walker</u> <u>1320 Blvd Arts Apt. 401 D</u> <u>Sarasota, FL 34236</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Carol Lowe</u> <u>1300 Blvd Arts Apt. 704</u> <u>Sarasota, FL 34236</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Assistant Secretary</u> <u>Agnes Kirkland</u> <u>1300 Blvd Arts Apt. 1110</u> <u>Sarasota, FL 34236</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Ruthie Mae Taylor</u> <u>1320 Blvd Arts Apt. 203 B</u> <u>Sarasota, FL 34236</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board Member</u> <u>Carol Lowe</u> <u>1300 Blvd Arts Apt. 704</u> <u>Sarasota, FL 34236</u>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bertha Williams DATE 4-29-05

CR2E037B (12/02)