2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# N99000004930

Entity Name: OLD DIXIE BUILDING CONDO ASSOCIATION, INC.

Current Principal Place of Business:

3065 SE ST. LUCIE BLVD.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3065 SE ST. LUCIE BLVD.
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0959818 **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:

OLSON, LARRY
3065 SE ST. LUCIE BLVD.
STUART, FL 34997 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: PD ( ) Delete
Name: OLSON, LARRY
Address: 3065 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997

Title: STD ( ) Delete
Name: POSTON, DALE
Address: 3065 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete
Name: NOFI, SALVATORE P
Address: 3521 SE DIXIE HWY.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OLSON, LARRY O
Address: 3065 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997

Title: STD (X) Change ( ) Addition
Name: OLSON, SANDRA M
Address: 3065 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997

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

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: LARRY OLSON PD 07/05/2005
Electronic Signature of Signing Officer or Director — Date