


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90175 023 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000010165</b><br>1. Entity Name<br>ST. JOHN'S COMMONS INVESTOR, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 | Mailing Address<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>90-0013366</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



MOORE CR2E034 (11/03)

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>JONES, PATRICIA<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STILES, TERRY W<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>EAGON, DOUGLAS P<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>JONES, PATRICIA<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PALMER, STEPHEN R<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>STINE, JAMES W<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>FERRERA, ROCCO<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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**  **Rocco Ferrera** **4/19/04** **954-627-9300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
14020678  
# P02000010165

**UNIFORM BUSINESS REPORT**

**11. CONTINUED**

**TITLE:** V  
**NAME:** O'SHEA, DENNIS F.  
**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.  
**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301

**TITLE:** Assistant Secretary  
**NAME:** FLOREK, DONNA  
**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.  
**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301