2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P93000015098

Entity Name: THE TOWNHOUSES RESORT MANAGEMENT COMPANY

Current Principal Place of Business:

10 OCEAN TRACE ROAD
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

3942 A1A SOUTH
ST. AUGUSTINE, FL 32080

Current Mailing Address:

10 OCEAN TRACE ROAD
ST. AUGUSTINE, FL 32080

New Mailing Address:

3942 A1A SOUTH
ST. AUGUSTINE, FL 32080

FEI Number: 59-3208302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLIGOOD, GARY L
10 OCEAN TRACE ROAD
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

ALLIGOOD, GARY L
3942 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALLIGOOD, GARY L
Address: 10 OCEAN TRACE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VPD ( ) Delete
Name: ALLIGOOD, JUDY S.
Address: 10 OCEAN TRACE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALLIGOOD, GARY L
Address: 3942 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VPD (X) Change ( ) Addition
Name: ALLIGOOD, JUDY S.
Address: 3942 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY S. ALLIGOOD VPD 04/30/2004
Electronic Signature of Signing Officer or Director — Date