

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90190 039 ***150.00

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01312005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000035416 1. Entity Name DEXTER REALTY, INC.					
Principal Place of Business 303 BALLENSLES DRIVE PALM BEACH GARDENS, FL 33418			Mailing Address 303 BALLENSLES DRIVE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 100 BALLENSLES DR.		3. Mailing Address 3950 PCA BLVD		4. FEI Number 65-0417781	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 5000			
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL			
Zip 33418		Zip 33410			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GARY, JOHN W. III 701 U.S. HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DAVIDSON, ROY D 303 BAKLLENISLES DRIVE PALM BEACH GARDENS, FL 33418 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARY, JOHN W. I 701 US HIGHWAY 1, SUITE 402 NORTH PALM BEACH, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREIN, ROBERT J 100 BALLENSLES DRIVE PALM BEACH GARDENS, FL 33418 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BILLS, JOHN C 2401 PGA BOULEVARD, SUITE 280 PALM BEACH GARDENS, FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 another like empowered.					
SIGNATURE: John Bills SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-18-05 561-627-7551 Date Daytime Phone #		