

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098192

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: ST. JOE/CENTRAL FLORIDA MANAGEMENT, INC.

## Current Principal Place of Business:

245 RIVERSIDE AVENUE, SUITE 500  
JACKSONVILLE, FL 32202 US

## New Principal Place of Business:

## Current Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500  
ATTN: LEGAL DEPT  
JACKSONVILLE, FL 32202 US

## New Mailing Address:

FEI Number: 59-3478612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARX, CHRISTINE M  
245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HERRING, FRANK W JR  
Address: 4901 VINELAND ROAD SUITE 200  
City-St-Zip: ORLANDO, FL 32811 US

Title: DVT ( ) Delete  
Name: REGAN, MICHAEL N  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DV ( ) Delete  
Name: SLAPPEY, BRADFORD A  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete  
Name: PAINE, LAWRENCE  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: AS ( ) Delete  
Name: WHITLATCH, SUSAN G  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change ( ) Addition  
Name: MARX, CHRISTINE M  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

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

Title: V ( ) Change (X) Addition  
Name: SOLOMON, STEPHEN W  
Address: 245 RIVERSIDE AVE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

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: SUSAN G. WHITLATCH

AS

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

DAVID F. CHILDERS III, ASST. TREASURER  
245 RIVERSIDE AVE SUITE 500  
JACKSONVILLE, FL 32202

DOUGLAS A. BOOHER, ASST. SECRETARY  
245 RIVERSIDE AVE SUITE 500  
JACKSONVILLE, FL 32202

MIRIAM GREENHUT, ASST. SECRETARY  
245 RIVERSIDE AVE SUITE 500  
JACKSONVILLE, FL 32202