## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 23, 2004 8:00 am **Secretary of State DOCUMENT #709082** 01-23-2004 90032 014 \*\*\*\*61.25 THE LANDINGS BOAT CLUB, INC. Principal Place of Business Mailing Address P.O. BOX 11331 P.O. BOX 11331 FT LAUDERDALE, FL 33339-1331 FT LAUDERDALE, FL 33339-1331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 59-1984681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARDLAW, STUART C CPA Street Address (P.O. Box Number is Not Acceptable) 2929 E COMMERCIAL BLVD SUITE 501 FORT LAUDERDALE, FL 33308 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE A STAND 9. Election Campaign Financing Make check payable to filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD ☐ Delete X Addition TITLE TITLE Change Roger Bond NAME WARDLAW, STUART C NAME 3111 NE 57th Street Ft. Lauderdale, FL 33308 9581 N.F. 31ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE Karen Reise 3110 NE 57th Court MARQUART, NANCY NAME NAME 3210 N.E. 58TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 Ft. Lauderdale, FL CITY-ST-ZIP SD Delete TITLE TITLE Change ☐ Addition RENNEISEN, PAUL NAME NAME STREET ADDRESS 3111 NE 57TH COURT STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME Select OLLECTER OF CHEECLE PRINTING STREET ADDRESS STREET ADDRESS Fledda Department of Stere CITY-ST-ZIF CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any oddress, without light flowered. Stuart C. Wardlaw SIGNATURE:

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