2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # 709082 DINGS BOAT CLUB, INC.			01-20-2005 90026 011 ****61.25
P.O. BOX 11 FT LAUDERD	ALE, FL 33339-1331	Mailing Address P.O. BOX 11331 FT LAUDERDALE, FL 333	339-1331	
2. Principal P P.D. Bo Suite, Apt.	Place of Business X 39264 #, etc.	3. Mailing Address P.D. Box Suite, Apt. #, etc.	39264	01102005 Chg-NP CR2E037 (10/03)
F7. La	uderdale, FL	Ft. Lauderdo		4. FEI Number
33339-	9264 USA	33339-9264	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
WARDLAW, STUART C CPA 2929 E COMMERCIAL BLVD SUITE 501 FORT LAUDERDALE, FL 33308 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 trie of applicable. (NOTE: Registered Agent signature required when resistating) DATE DATE				
• • •	Filing Fee is \$61.25 Due by May 1, 2005	9, Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees Make check payable to Florida Department of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR TD WARDLAW, STUART C 9581 N.E. 31ST AVE. FORT LAUDERDALE, FL 33308	ECTORS St. Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-17. SD Change Addition TERRY A. BOND 3111 NE 57 ST Ft. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REESE, KAREN 3110 NE 57TH COURT FORT LAUDERDALE, FL 33308	₩ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change MAddition Gary Spaniak 5200 NE 33 AVE Ft. LAUSERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOND; ROGER 3110 NE 57TH COURT FORT LAUDERDALE, FL 33308	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Acquition
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	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZP	A STORY OF THE STORY OF T	□ Delete _{II} ,	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 receivery it trustee empowered to execute this term of the corporation or the receivery it 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 an address, with all other like empowered.				