2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# 722735

Entity Name: FLOTILLA 92 NORTH PORT, INC.

Current Principal Place of Business:

MARINA PARK, CHANCELLOR BLVD.
P.O. BOX 7204
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

MARINA PARK, CHANCELLOR BLVD.
P.O. BOX 7204
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-1458960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAVINE, JUDITH A.
6352 OTIS ROAD
NORTH PORT, FL 34287

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HAMILTON, JAMES R	
Address:	3428 TONKIN DRIVE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	VD	( ) Delete
Name:	ROTHSCHLD, NORVIN	
Address:	5477 OTIS ROAD	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	STD	( ) Delete
Name:	LAVINE, JUDITH	
Address:	6352 OTIS ROAD	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	TR	( ) Delete
Name:	KIERMAN, FRANK	
Address:	127 BERMUDA WAY	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	TR	( ) Delete
Name:	SCHMIDT, GLORIA	
Address:	108 RIVERWALK DRIVE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	TR	( ) Delete
Name:	MULLEN, GEORGE D	
Address:	4487 MARALDO AVE.	
City-St-Zip:	NORTH PORT, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	DALY, FRANCIS H	
Address:	111 CARLISLE AVE	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	ROTHSCHILD, NORVIN	
Address:	6477 OTIS ROAD	
City-St-Zip:	NORTH PORT, FL 34287	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	PELKEY, JOHN L	
Address:	6628 KENWOOD DRIVE	
City-St-Zip:	NORTH PORT, FL 34287	

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

SIGNATURE: JUDITH A. LAVINE STD 05/04/2004

Electronic Signature of Signing Officer or Director — Date