


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90079 049 \*\*\*\*66.25


<b>DOCUMENT # 745064</b>	
1. Entity Name <b>COCOA BEACH BOATING CLUB, INC.</b>	

Principal Place of Business <b>3950 S. BANANA RIVER BLVD COCOA BEACH FL 32931 US</b>	Mailing Address <b>P.O. BOX 784 COCOA BEACH FL 32931-0784 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE	CR2E037 (11/03)
4. FEI Number <b>59-1889055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>HUEY, SAM 3950 S. BANANA RIVER BLVD COCOA BEACH FL 32931</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, THOMAS 3950 S. BANANA RIVER BLVD, #1014 COCOA BEACH FL 32931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RATTENBURY, KENNETH 540 S. BREVARD AVE, #427 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROOT, ELSPETH 540 S BREVARD AVE, STE 447 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOY, LAWRENCE 125 W. LEON LANE COCOA BEACH FL 32931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DELORES 660 S. BREVARD AVE #1545 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURIEL, KELLA R 3450 OCEAN BEACH BLVD, #706 COCOA BEACH FL 32931 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Rattenbury, Kenneth <input type="checkbox"/> Change <input type="checkbox"/> Addition 540 So. Brevard Ave #427 Cocoa Beach, Fl. 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD, Padgitt, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 S. Brevard #411 Cocoa Beach, Fl. 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>Ross, Carolyn</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 S. Brevard #433 Cocoa Beach, Fl. 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Foy, Lawrence <input type="checkbox"/> Change <input type="checkbox"/> Addition 125 W. Leon Lane Cocoa Beach, Fl. 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilhelms, Nancy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 s. Brevard #515 Cocoa Beach, Fl. 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kellar, Muriel <input type="checkbox"/> Change <input type="checkbox"/> Addition 3450 Ocean Beach Blvd. #706 Cocoa Beach, Fl. 32931

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 an address, with all other like empowered.

SIGNATURE: *K. Rattenbury* Pres 4/1/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #