


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 749983
 1. Entity Name
 SPANISH RIVER RESORT & BEACH CLUB ASSOCIATION, INC.



Principal Place of Business 1111 E. ATLANTIC AVE. DELRAY BEACH, FL 33483	Mailing Address 1000 MARKET STREET BLDG. ONE PORTSMOUTH, NH 03801
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1961794	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CRITCHFIELD, RICHARD
 1100 LINTON BLVD.
 SUITE C-4
 DELRAY BEACH, FL 33444

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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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

00000094708
 03/23/04-80007-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MACMURRIAN, THOMAS 10 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, ANDREW 10 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRITCHFIELD, RICHARD 1100 LINTON BLVD.; SUITE C-4 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADE, RICHARD C 1000 MARKET STREET PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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:  **Richard C ADE** **1-9-2004** **(603)5592100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #