

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


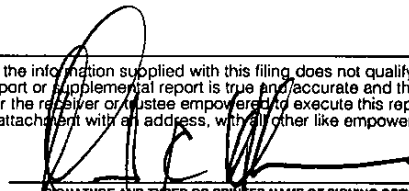
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Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90231 032 ****61.25

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01032005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business <i>1001 E. Atlantic Ave.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 202</i>		Suite, Apt. #, etc.	
City & State <i>Delray Beach, FL</i>		City & State	
Zip <i>33483</i> Country <i>US</i>		Zip Country	
4. FEI Number 59-1961794		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRITCHFIELD, RICHARD 1100 LINTON BLVD. SUITE C-4 DELRAY BEACH, FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MACMURRIAN, THOMAS 10 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 E. Atlantic Ave, Suite 202 Delray Beach, FL 33483</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, ANDREW 10 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 E. Atlantic Ave, Suite 202 Delray Beach, FL 33483</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRITCHFIELD, RICHARD 1100 LINTON BLVD.; SUITE C-4 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 E. Atlantic Ave, Suite 202 Delray Beach, FL 33483</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADE, RICHARD C 1000 MARKET STREET PORTSMOUTH, NH 03801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Ate 1/10/05 (603)559-2100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	