


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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90321 016 ****61.25

DOCUMENT # N00000002123
1. Entity Name
COCKROACH BAY USER'S GROUP, INC.



Principal Place of Business: **P O BOX 812 RUSKIN FL 33570**
Mailing Address: **P O BOX 812 RUSKIN FL 33570**

54031003



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-3692259**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FELDSCHAU, CHARLES T
720 MASTERPIECE DR
SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENUS, EDWARD P	
STREET ADDRESS	2324 CYPRESS WALK WAY	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMMOND, GEORGE E	
STREET ADDRESS	903 BUNKER VIEW	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAVALLEY, DAN	
STREET ADDRESS	610 MANATEE DRIVE, SW	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dan Lavalley Treasurer* **3/31/04** **813-645-9101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #