2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004
Secretary of State

DOCUMENT# N00000002177

Entity Name: GULF ATLANTIC YACHT CLUB, INC.

Current Principal Place of Business:

4424 NW 13 ST.
SUITE C-2
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

4424 NW 13 ST.
SUITE C-2
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 01-0594319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, JIB MR.
4424 NW 13 ST.
SUITE C-2
GAINESVILLE, FL 32609

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:	ISAACSON, MICHELLE	
Address:	3944 N.W. 7TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	VPD	( ) Delete
Name:	RHINE, DAN	
Address:	3204 SW 100 ST.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	SD	( ) Delete
Name:	ADAMS, AUBREY	
Address:	4110 N.W. 44TH DRVIE	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	TD	( ) Delete
Name:	DAVIDSON, J.B.	
Address:	4424 NW 13 ST., SUITE C4	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	C	( ) Delete
Name:	SCHNELL, LARRY	
Address:	2048 NW 7 LANE	
City-St-Zip:	GAINESVILLE, FL 32603	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: J.B. DAVIDSON TD 05/19/2004

Electronic Signature of Signing Officer or Director — Date