
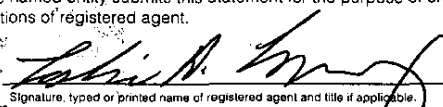
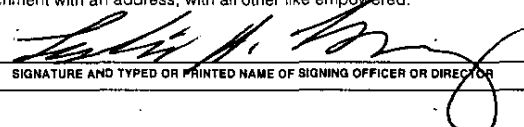


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90001 044 \*\*\*\*61.25

<b>DOCUMENT # N43747</b>			
1. Entity Name <b>SAILING SINGLES CLUB, INC.</b>			
Principal Place of Business 12808 YACHT CLUB CIRCLE FORT MYERS, FL 33919 US		Mailing Address 12808 YACHT CLUB CIRCLE FORT MYERS, FL 33919 US	
2. Principal Place of Business <b>12808 YACHT CLUB CIRCLE</b>		3. Mailing Address <b>P.O. BOX 6324</b> <del>12808 YACHT CLUB CIRCLE</del>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FT MYERS FL</b>		City & State <b>FORT MYERS BEACH FL</b>	
Zip <b>33919</b>	Country <b>LEE</b>	Zip <b>33932</b>	Country <b>LEE</b>
6. Name and Address of Current Registered Agent <b>LIEBERMAN, JIM</b> 1500 POPHAM DR C-12 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name <b>LESLIE EMERY</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 FISHERMAN WHARF</b> <b>BOYTA BILLS MARINA</b> <b>P.O. BOX 6324</b> City <b>FORT MYERS BEACH FL</b> Zip Code <b>33932</b>	
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 <b>5-28-04</b>	
Piling Fee's \$61.25 Due by May 1, 2004		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	DC EMERY, LES P.O. BOX 6324 FORT MYERS BEACH, FL 33932 <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	S HANSEN, JOY P.O. BOX 5015 FORT MYERS BEACH, FL 33932 <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	T TROWBRIDGE, CONNIE 2004 S.E. 26 TERRACE CAPE CORAL, FL 33904 <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	VC PEER, ROBT. 1639 BEACH PKWY #201 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>WYATT EVERS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3918 EDGEWOOD</b> <b>FT. MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LIEBERMAN, JIM 1500 POPHAM DR. C-12 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LESLIE EMERY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. BOX 6324</b> <b>FT. MYERS BEACH FL 33932</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOOP, EVELYN 1209 SE 5TH STREET # 110 CAPE CORAL, FL 33990 <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: 		DATE <b>5-28-04</b> 339-910-7865	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54056407



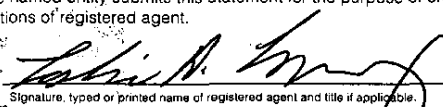
02252004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0274378 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Name **LESLIE EMERY**  
 Street Address (P.O. Box Number is Not Acceptable) **202 FISHERMAN WHARF**  
**BOYTA BILLS MARINA**  
**P.O. BOX 6324**  
 City **FORT MYERS BEACH FL** Zip Code **33932**

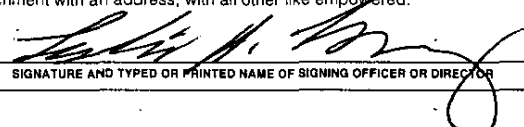
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #