FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90185 025 ****61.25

ANNUAL REPORT	HON
DOCUMENT # N48636	12

	PRESS POINTE RESORT A MINIUM ASSOCIATION, INC		A					
	pe of Business SURE CAY LANE L 32836	Mailing Address P.O. BOX 540669 MERRITT ISLAND, FL 32	954-0669 US		8/12 8/2063/1/2 BUT BUBU BUBU BABU	Tibir bibli beriika al eabi		
Principal Place of Business 3. Mailing Address			, ₁₈ , 44					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04232004 Ch	ig-NP CR2E037	(10/03)		
City & State Cit		City & State		4. FEI Number 59-314109	9	Applied For Not Applicable		
Zip .	Country	Zip	Country	5. Certificate of Sta		8.75 Additional ee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Ag	ent		
BECKER &	& POLIAKOFF, P.A.		Name					
2500 MAIT	IOHN CHRISTENSEN FLAND CENTER PARKWAY, S D. El. 22751	SUITE 209	Street Address (P.O. Box Number is Not Acceptable)					
MATTEAN	D, FL 32751		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.								
	and the second of the second o							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signa	ure required when reinstating)	DATE			
Filling Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2004 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State								
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN 10		
TITLE	TD ,	☐ Delete	TITLE	D TAMEC		Change		
NAME STREET ADDRESS	SCHWARTZ, STUART 2 WENONAH AVENUE		NAME STREET ADDRESS	MUNIZ, JAMES 8317 LAKE BRYA	N BEACH BLVD	-		
CITY-ST-ZIP	ROCKAWAY, NJ 07866		CITY-ST-ZIP	ORLANDO FL 328				
TITLE	SD	☐ Delete	TITLE	<u> </u>		Change Addition .		
NAME	WILKS, DON		NAME					
STREET ADDRESS CITY-ST-ZIP	8651 TREASURE CAY LANE ORLANDO, FL 32836		STREET ADDRESS CITY-ST-ZIP			Ì		
TITLE	CVPD	□ Delete	TITLE	VPD	<u></u>	∑ Change		
NAME	THIMES, CHRIS	Li odicio	NAME	THIMES, CHRIS	•	_		
STREET ADDRESS	58 JACKSON STREET		STREET ADDRESS	39MYRTLE AVENU				
CITY-ST-ZIP	LYONS, NY 14489		CITY-ST-ZIP	LEBANON NJ 088		30 840		
TITLE NAME	PD CHASE, JOHN	☐ Delete	TITLE NAME		L	☐ Change ☐ Addition		
STREET ADDRESS	12 MARILYN DR		STREET ADDRESS					
CITY-ST-ZIP	ROCHESTER, NY 14626		CITY-ST-ZIP	<u> </u>				
TITLE NAME	CVPD OWEN, RALPH	☐ Delete	TITLE NAME	OWEN, RALPH	f	☐ Change ☐ Addition		
STREET ADDRESS	3317 HWY 63	· _ · · · · · · · · · · · · · ·	STREET ADDRESS	"3317 HWY : 63"				
CITY-ST-ZIP	,BLOOMFIELD, IA 52537	there are a second of	CITY-ST-ZIP	BLOOMFIELD IA	52537	and the same		
TITLE	rsD	. Delete,	TITLE	-D		Change Addition		
NAME STREET ADDRESS	ALIPERTI, MICHAEL 13 NORTH LANE		NAME STREET ADDRESS	ALIPERTI, MICH	AEL			
CITY-ST-ZIP	LOUDONVILLE, NY 12211		CITY-ST-ZIP	13 NORTH LANE LOUDONVILLE NY	1 1 2 2 1 1 -			
12. I hereby	<u> </u>	this filing does not qualify for the	he exemption sta	ted in Section 119.07(3)(i), Flo	rida Statutes. I further certify	that the information		
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: John Chan JOHN CI-ASE 4/26/04 585-225-0250 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prome #								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #								