
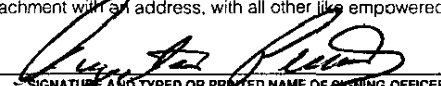


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90665 005 ****61.25

DOCUMENT # N93000004802			
1. Entity Name HERNANDO BEACH BOATLIFT & IMPROVEMENTS, INC.			
Principal Place of Business 4009 SHOAL LINE BLVD HERNANDO BEACH FL 34607 US		Mailing Address 4009 SHOAL LINE BLVD HERNANDO BEACH FL 34607 US	
2. Principal Place of Business 04211 SHOAL LINE BLVD.		3. Mailing Address 3178 SEA GRAPE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HERNANDO BEACH, FL.		City & State HERNANDO BEACH, FL.	
Zip 34607-3434	Country USA	Zip 34607-3434	Country USA
6. Name and Address of Current Registered Agent PERETTI, AUGUSTINO 3178 SEA GRAPE DR HERNANDO BEACH FL 34607		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$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	VD MANCUSI, JOSEPH 3191 SHOAL LINE BLVD HERNANDO BEACH FL 34607 <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	PD PERETTI, AUGUSTINO 3178 SEA GRAPE DR HERNANDO BEACH FL 34607 <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	TD SULLIVAN, PAUL 3444 CREP MYRTLE HERNANDO BEACH FL 34607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLADYS MOORE 4049 HERMOSEA BLVD HERNANDO BEACH, FL. 34607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICE, JAMES 3408 TRIGGERFISH DR SPRING HILL FL 34607 <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	D JOHNSON, LEWIS 3504 SHEEPHEAD DR HERNANDO BEACH FL 34607 <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	D WESTERBERG, THOMAS 4025 AMBERJACK DRIVE HERNANDO BEACH FL 34607 <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: 3/23/04 352 Daytime Phone # 596-5158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			