



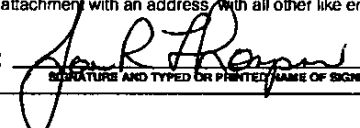
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90153 032 \*\*\*\*61.25

14007169



<b>DOCUMENT # N96000004605</b>					
1. Entity Name SINGING RIVER RENDEZVOUS ASSOCIATION, INC.					
Principal Place of Business 3036 11TH STREET W. BRADENTON, FL 34205			Mailing Address 3036 11TH STREET W. BRADENTON, FL 34205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0793428 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required 03042005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMB, BOBBY J SR. 3036 11TH STREET W. BRADENTON, FL 34205			Name: THOMPSON, JON R. Street Address (P.O. Box Number is Not Acceptable): 1590 N.W. 105th TERR. City: Ocala FL Zip Code: 34482		
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: 		Jon R Thompson		4/26/05	
Filing Fee is \$61.25 Due by May 1, 2005		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	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, BOBBY J		NAME	THOMPSON, JON R	
STREET ADDRESS	3036 11TH ST. W.		STREET ADDRESS	1590 NW 105th TERR	
CITY-ST-ZIP	BRADENTON, FL 36205		CITY-ST-ZIP	Ocala FL 34482	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JON R		NAME	SHELWITZ, BONNIE	
STREET ADDRESS	2617 ASHTON ROAD		STREET ADDRESS	3030 11th ST. W.	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	BRADENTON FL 32605	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, KARON		NAME		
STREET ADDRESS	3036-11TH ST W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMERVILLE, PEGGY		NAME		
STREET ADDRESS	920 32ND AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JERRY		NAME		
STREET ADDRESS	5539 13TH ST E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES R		NAME	THOMPSON, James R	
STREET ADDRESS	2617 ASHTON RD		STREET ADDRESS	1590 NW 105th TERR	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Ocala FL 34482	
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: 		Jon R Thompson		4/26/05 352-873-8297	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	