

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004458

1. Entity Name
WILLIAMS ISLAND MARINA ASSOCIATION, INC.



Principal Place of Business
 7900 ISLAND BOULEVARD
 WILLIAMS ISLAND, FL 33160

Mailing Address
 7900 ISLAND BOULEVARD
 WILLIAMS ISLAND, FL 33160



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-3664507 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MATUS, ALAN
 7900 ISLAND BOULEVARD
 WILLIAMS ISLAND, FL 33160

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000140846
 04/29/04-80178-025 61.25

10. OFFICERS AND DIRECTORS

TITLE D
 NAME MATUS, ALAN
 STREET ADDRESS 7900 WILLIAMS ISLAND BLVD
 CITY-ST-ZIP WILLIAMS ISLAND, FL 33160

TITLE D
 NAME TRUMP, STEPHANIE
 STREET ADDRESS 7900 WILLIAMS ISLAND BLVD
 CITY-ST-ZIP WILLIAMS ISLAND, FL 33160

TITLE D
 NAME SHEIN, NIKKI
 STREET ADDRESS 7900 ISLAND BOULEVARD
 CITY-ST-ZIP MIAMI, FL 33160

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Matus

4-28-04

Date

305-937-7836

Daytime Phone #