

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 28, 2005 8:00 am
Secretary of State

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000021578					
1. Entity Name PHASE ONE PROPERTY OWNER'S DOCK ASSOCIATION, INC.					
Principal Place of Business 1430 ROYAL PALM SQUARE BLVD. #105 FORT MYERS, FL 33919		Mailing Address 1430 ROYAL PALM SQUARE BLVD. #105 FORT MYERS, FL 33919			
2. Principal Place of Business USEPPA ISLAND		3. Mailing Address POST OFFICE BOX 640			
Suite, Apt. #, etc. MAIN STREET		Suite, Apt. #, etc.			
City & State BOKEELIA FLORIDA		City & State BOKEELIA FLORIDA		4. FEI Number 65-0904595	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33922	Country USA	Zip 33922	Country USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOOREY, THOMAS E 1430 ROYAL PALM SQUARE BLVD. #105 FORT MYERS, FL 33919			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKSTEAD, GARFIELD R POST OFFICE BOX 640 BOKEELIA, FL 33922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D GARFIELD R. BECKSTEAD P. O. BOX 640 BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTZ, SANDY POST OFFICE BOX 640 BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TIMOTHY FITZSIMMONS P. O. BOX 640 BOKEELIA, FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, SAMUEL H JR. POST OFFICE BOX 640 BOKEELIA, FL 33922 <input checked="" 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	<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	<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	<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 607, 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 title empowered.					
SIGNATURE: <i>Timothy Fitzsimmons</i>		Date: 2/16/05		239/283-1061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Timothy Fitzsimmons		Date		Daytime Phone #	