

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90046 024 \*\*\*\*61.25

<b>DOCUMENT # 724987</b> 1. Entity Name <b>ST. PETERSBURG, SAILING ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 174 ST PETERDBURG, FL 33731</b>			Mailing Address <b>P.O. BOX 174 ST PETERDBURG, FL 33731</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1499743</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CASHMAN, RICK 700 BEACH DR NE #803 ST PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARNOLD, CHRIS</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 174</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33731</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIDSON, ALLEN</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 174</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33731</b>		CITY-ST-ZIP		
TITLE	<b>T</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASHMAN, RICK</b>		NAME		
STREET ADDRESS	<b>700 BEACH DRIVE NE#803</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33701</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARBER, DAVID</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 174</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33731</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHENEY, ANDREW</b>		NAME		
STREET ADDRESS	<b>PO BOX 174</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33731</b>		CITY-ST-ZIP		
TITLE	<b>S</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAKKS, SELGA</b>		NAME		
STREET ADDRESS	<b>P.O BOX 174</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33731</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____			Date <b>2/11/04</b> Daytime Phone # <b>727 585 2067</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					