

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90232 023 \*\*\*\*61.25

<b>DOCUMENT # N00000004245</b>					
<b>1. Entity Name</b> FORT PIERCE SOUTH BEACH PROPERTY OWNERS AND BUSINESS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 985 SEAWAY DRIVE FORT PIERCE, FL 34949			<b>Mailing Address</b> 985 SEAWAY DRIVE FORT PIERCE, FL 34949		
<b>2. Principal Place of Business</b> 985 Seaway Drive, Ste. A		<b>3. Mailing Address</b> same			
Suite, Apt. #, etc. A		Suite, Apt. #, etc.			
<b>City &amp; State</b> Fort Pierce, FL		<b>City &amp; State</b>			
<b>Zip</b> 34949-2744		<b>Country</b> USA		<b>4. FEI Number</b> 65-1021431	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WOLSIFER, JOHN 985 SEAWAY DRIVE, Ste. A FORT PIERCE, FL 34949			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD Change Title to PSD's <input type="checkbox"/> Delete WOLSIFER, JOHN 985 SEAWAY DRIVE FORT PIERCE, FL 34949		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Gil Kennedy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 985 Seaway Dr., Ste. A Fort Pierce, FL 34949-2744	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VSD <input checked="" type="checkbox"/> Delete CONROY, DAN 985-A SEAWAY DRIVE FORT PIERCE, FL 34949		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D John W. Lay, Jr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 985 Seaway Dr., Ste. A Fort Pierce, FL 34949-2744	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input checked="" type="checkbox"/> Delete KAMPICHLER, GERHARD 985 SEAWAY DRIVE FORT PIERCE, FL 34949		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete CHRULSKI, JIM 985 SEAWAY DRIVE STE. A FORT PIERCE, FL 34949		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input checked="" type="checkbox"/> Delete DAEM, CLIVE 985 SEAWAY DRIVE STE A FORT PIERCE, FL 34949		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete HEIFETZ, ALLAN 985 SEAWAY DRIVE STE A FORT PIERCE, FL 34949		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b>			(772) 468-6110 4/24/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		