


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 021 ****61.25

| | |
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| DOCUMENT # 700166 |  |
| 1. Entity Name ST. PETERSBURG YACHT CLUB | |

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| Principal Place of Business 11 CENTRAL AVENUE ST PETERSBURG, FL 33701-3998 | Mailing Address 11 CENTRAL AVENUE ST PETERSBURG, FL 33701-3998 |
|--|--|

24000600



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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

04282004 Chg-NP CR2E037 (10/03)

| | | | |
|--------------|---------|--------------|---------|
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-0433240 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BARDES, PAUL P 11 CENTRAL AVE ST. PETERSBURG, FL 33701 | |
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|---|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

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|-----------|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| Filing Fee is \$61.25 Due by May 1, 2004 | 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 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| D FLEECE, JAY III 901 40TH AVE N SAINT PETERSBURG, FL 33703 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D COX, DAVID PO BOX 17249 CLEARWATER, FL 337620249 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| T KRIPPENDORF, DONALD J DR 4641 PARK STREET NORTH SAINT PETERSBURG, FL 33709 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| T HONTGOMERY, JAMES A JR 9057 ST. ANDREWS DR SEMINOLE, FL 33777 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| T BICKLEY, FRED L P.O. Box 66959 ST. PETERSBURG, FL 33736 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| T BICKLEY, FRED L P.O. Box 66959 ST. PETERSBURG, FL 33736 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D MONTGOMERY, James A. JR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| T BICKLEY, FRED L P.O. Box 66959 ST. PETERSBURG, FL 33736 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T BICKLEY, FRED L P.O. Box 66959 ST. PETERSBURG, FL 33736 | |

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.

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|--|-----------------------|----------------|-----------------------|
| SIGNATURE: 3 | ROBERT LOFFERT | 4/28/04 | (727) 822-3823 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |

GENERAL MANAGER