


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90044 036 ****61.25

DOCUMENT # 712903
 1. Entity Name
THE PRIVATEER OF FORT MYERS BEACH, INC.



Principal Place of Business Mailing Address
6500 ESTERO BLVD **6500 ESTERO BLVD**
FORT MYERS BEACH FL 33931 **FORT MYERS BEACH FL 33931**

50012265



1st MOORE CR2E037 (10/04)

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1204615 Not Applicable

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

6. Name and Address of Current Registered Agent
ANDERSON, LOIS
6500 ESTERO BLVD
APT 214
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent
 Name **WARREN HOENIE**
 Street Address (P.O. Box Number is Not Acceptable) **6500 ESTERO BLVD**
 City **FORT MYERS BEACH FL** Zip Code **33931**

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 *Warren Hoenie* DATE **2-3-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KLOSE, MARION	
STREET ADDRESS	6500 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERKOWITZ, DARREL	
STREET ADDRESS	6500 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMMINK, LLOYD	
STREET ADDRESS	1904 LAKE STREET	
CITY-ST-ZIP	HOLLAND MI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, JACK	
STREET ADDRESS	168 HIGHLAND AVENUE	
CITY-ST-ZIP	NEWARK NY 14513	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOENIE, WARREN	
STREET ADDRESS	701 MAGNOLIA DR	
CITY-ST-ZIP	ST MARYS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVEN, CLYDE	
STREET ADDRESS	2767 E SAPLIN DRIVE	
CITY-ST-ZIP	ROCKY RIVER OH 44116	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NED WELLS	
STREET ADDRESS	119-106TH STREET	
CITY-ST-ZIP	STONE HARBOR NJ 08247	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE *Warren Hoenie* **WARREN HOENIE** President DATE **2-3-05** Daytime Phone # **239-765-8981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #