

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

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90037 017 \*\*\*\*61.25

66009246



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 713053</b> 1. Entity Name HIGH TWELVE CLUB OF ANNA MARIA ISLAND, INC.					
Principal Place of Business 605 IVANHOE LANE HOLMES BEACH FL 34217-1234 US			Mailing Address C/O ALLEN THOMPSON 3707 LAKE BAYSHORE DR. BRADENTON FL 34205-5104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMPSON, ALLEN THOMSON 3707 LAKE BAYSHORE DR. BRADENTON FL 34205-5104				Name THOMPSON, ALLEN Street Address (P.O. Box Number is Not Acceptable) 3707 LAKE BAYSHORE DR. City BRADENTON FL Zip Code 34205-5104	
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 <u>Allen Thomson</u> <u>Allen Thomson</u> DATE <u>4/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STITTSWORTH, FREEMAN <input type="checkbox"/> Delete 1533 4TH AVE WEST #721 BRADENTON FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manuel, Robert C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4116 16th Ave W. Bradenton, FL 34205-1546	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMIEH, ROBERT <input type="checkbox"/> Delete 2622 223 ST. EAST BRADENTON FL 34211-9763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ART, RICHARD <input type="checkbox"/> Delete 605 IVANHOE LANE HOLMES BCH. FL 34217-1236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, ROBERT <input type="checkbox"/> Delete 6445 21ST AVE W C-216 BRADENTON FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, ALLEN <input type="checkbox"/> Delete 3707 LAKE BAYSHORE DR BRADENTON FL 34205-5104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON <input type="checkbox"/> Change <input type="checkbox"/> Addition correct spelling	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSELL, ELMER A <input type="checkbox"/> Delete 3804 41ST ST. W. BRADENTON FL 34205		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 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					