2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90083 031 ****61.25

DOCUMENT # 716799

1. Entity Name

ARCHIPELAGO COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18 SIMARA STREET STUART FL 34996-6302 US	18 SIMARA STREET STUART FL 34996-6302 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
18 SIMARA Street	18 SIMARA Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL.	City & State: STUART FL
Zip: 34996 Country: MARTIN	Zip: 34996 Country: MARTIN

4. FEI Number 59-2423084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZYEMUN, LEON E
18 SIMARA STREET
STUART FL 34996

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

LEON E. ZYGMUN TREASURER

SIGNATURE [signature] 1-26-04

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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KISSLING, CYRUS 4 MINDORO STREET STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KINKARD, JAMES E 5 TIMOR STREET STUART FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT WALTER SEA 6 MINDORA STREET STUART FL 34996	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ TD ZYGMUN, LEON 18 SIMORA STREET STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D POPE, JOEL 124 S SEWELLS POINT RD STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ROBT 24 SIMORA STREET STUART FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALT. DIRECTOR KINKARD, JAMES 5 TIMOR STREET STUART FL. 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSEY, RICHARD 1 MINDORO ST STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALT. DIRECTOR STEVE WANDER 26 SIMARA STREET STUART FL 34996	☐ Change ☒ 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.

SIGNATURE: [signature] 1-26-04 561-220-4292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #