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

## May 24, 2004 8:00 am Secretary of State **DOCUMENT # 720747** 1: Entity Name 05-24-2004 90010 041 \*\*\*\*61.25 ANCHOR-LINE YACHT CLUB, INC. Principal Place of Business Mailing Address 1012 NE DIXIE HWY 1012 NE DIXIE HWY AUNNUUL PO BOX 914 JENSEN BCH. FL 34958 PO BOX 914 JENSEN BCH. FL 34958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1363852 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ----ELLWANGER, CARL F. Street Address (P.O. Box Number is Not Acceptable) 55 E. SEMINOLE #4 STUART FL 34995 City 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. SIGNATURE 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VCD TITLE ☐ Delete PARENTI, LAURIS 1140 CHAPPINAN WAY FY! TITLE Change Addition PARENTI, LAURIE NAME NAME 1140 CHAPMAN WAY, #411 STREET ADDRESS STREET ADDRESS PAGNICITY, EC 34990 PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITLE ☐ Change Addition MILLER, COUNCIL J NAME NAME 285 NE BLAIRWOOD TERRACE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP RCD TITLE ☐ Delete TITLE Change ☐ Addition WILLAGO, ROBERT HOLLAND, ROBERT OGTS & BRAYTON RP NAME NAME 247 SE DRAYTON RD. STREET ADDRESS STREET ADDRESS ORT SAINT LUCIB, FL. 34952 PORT SAINT LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP ട്ട TITLE 🖊 Delete ☐ Change TITLE HEWERG HANCH LYONS, MARZELLE NAME NAME 3064 QUANSET CIRCLE STREET ADDRESS STREET ADDRESS POAT SAIDT LUCKE, FL 3/98 STUART FL 34996 CITY-ST-7IP CITY-ST-7IP TD Delete TITLE TITLE ☐ Change Addition HOLLAND, MARJORY NAME NAME 247 SE DRAYTON RD. STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE DARGHTI , ROBERT BREVES, VALERIE NAME NAME 1500 NE 13TH TERRACE G-3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

changed, or on an attachment with an address, with all other like empowered. ROBERT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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