

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90030 024 ****61.25

DOCUMENT # 736959

1. Entity Name

ANNA MARIA ISLAND PRIVATEERS, INC.



Principal Place of Business

7004 MARINE DRIVE
BRADENTON BEACH FL 34217
US

Mailing Address

P.O BOX 1238
HOLMES BEACH FL 32418
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1718904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIE-CLINE, ELIZABETH
7004 MARINE DR
BRADENTON BEACH FL 34217

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.

SIGNATURE

Elizabeth Christie-Cline, Treasurer

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signifying required when reinstating)

DATE

2-21-06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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: PPD
NAME: MADDOX, RICK ☐ Delete
STREET ADDRESS: 4515 124TH ST CT WEST
CITY-ST-ZIP: CORTEZ FL 34215

TITLE: TD
NAME: CHRISTIE, ELIZABETH ☐ Delete
STREET ADDRESS: 7004 MARINA DR
CITY-ST-ZIP: BRADENTON BEACH FL 34217 *name change*

TITLE: P
NAME: DAVIDSON, GREG ☐ Delete
STREET ADDRESS: 910-41ST ST CT. W
CITY-ST-ZIP: BRADENTON FL 34205

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: *Delete*
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME: *TO Christie-Cline, Elizabeth*
STREET ADDRESS: *7004 Marine Drive*
CITY-ST-ZIP: *Holmes Beach FL 34217*

TITLE: ☐ Change ☐ Addition
NAME: *Delete*
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition
NAME: *Pres. Scott Hirsch*
STREET ADDRESS: *710 S. Bay Blvd*
CITY-ST-ZIP: *Anna Maria FL 34216*

TITLE: ☐ Change ☒ Addition
NAME: *Past Pres. John Swager*
STREET ADDRESS: *5303-39 ave. w*
CITY-ST-ZIP: *Bradenton FL 34209*

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Elizabeth Christie-Cline, Treasurer*

2-21-06 941-778-8519