


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90034 007 \*\*\*\*61.25

<b>DOCUMENT # 740735</b>					
1. Entity Name YACHT CLUB ESTATES CIVIC ASSOCIATION OF ST. PETERSBURG, INC.					
Principal Place of Business 7909 9TH AVE SOUTH SAINT PETERSBURG, FL 33707 US			Mailing Address 7909 9TH AVE SOUTH SAINT PETERSBURG, FL 33707 US		
2. Principal Place of Business 7998-11th Ave. South		3. Mailing Address 7998-11th Ave. South		02072005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number NOT APPLICABLE	
Zip 33707		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOTZ, ED 1096 79TH STREET SOUTH SAINT PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name: <u>Bill Waters</u> Street Address (P.O. Box Number is Not Acceptable) <u>7998-11TH AVENUE SOUTH</u> City <u>St. Petersburg</u> <u>FL</u> Zip Code <u>33707</u>		
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>[Signature]</u> <u>William Waters, Pres.</u> <u>2-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 HOTZ, ED 1096-79TH STREET SOUTH ST PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bill Waters 7998-11 Ave. South St. Petersburg, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, DONNA 8037-12 AVE SO SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pat Kelly 7926-9th Ave. South St. Petersburg, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, PATRICIA 799-9TH AVE SO ST PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>Christy Munnay</del> <del>1336 80th Street S.</del> <del>St. Petersburg, FL 33707</del>	<del><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</del> no. resigned.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WATERS, WILLIAM 7998-11TH AVE SO SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Ken Keys 7990-9th Ave. S. St. Petersburg, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOUCHTON, NICK 891 79TH STREET SOUTH SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donna Skibo 7973-10th Ave. S. St. Petersburg, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMUELS, SCOTT 1216 79TH STREET SOUTH ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary Barry 7963-9TH AVE. S. ST. PETERSBURG, FL 33707	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u>[Signature]</u> <u>Wm. Waters, Pres.</u> <u>2-21-05</u> <u>727-345-3608</u> <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>					