


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-10-2003 90724 026 ****61.25

DOCUMENT # 740735


1. Entity Name
**YACHT CLUB ESTATES CMC ASSOCIATION OF ST. PETE
RSBURG, INC.**



Principal Place of Business Mailing Address
7875-9TH AVE SO 7875-9TH AVE SO
SAINT PETERSBURG FL 33707 SAINT PETERSBURG FL 33707
US US

2. Principal Place of Business 3. Mailing Address
7909 9th Avenue So 7909 9th Avenue So
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Petersburg, FL St. Petersburg, FL
Zip Country Zip Country
33707 USA 33707 USA



CHECK HERE IF MAKING CHANGES

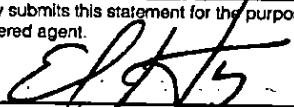
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HEINS, JIM
7875-9TH AVE SO
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent
Name **Ed Hotz**
Street Address (P.O. Box Number is Not Acceptable)
1096 10th Avenue South
City **St. Petersburg** FL Zip Code **33707**

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:  **Ed Hotz, President** DATE: **3/6/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

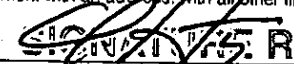
10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HEINS, JIM | |
| STREET ADDRESS | 7875-9TH AVE SO | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33707 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HOTZ, ED | |
| STREET ADDRESS | 1098-10TH AVE SO | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | THOMPSON, DONNA | |
| STREET ADDRESS | 8037-12 AVE SO | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33707 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HUGHES, PATRICIA | |
| STREET ADDRESS | 799-9TH AVE SO | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707 | |
| TITLE | AVP | <input type="checkbox"/> Delete |
| NAME | WATERS, WILLIAM | |
| STREET ADDRESS | 7998-11TH AVE SO | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33707 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nick Touchton | |
| STREET ADDRESS | 891 79th Street South | |
| CITY-ST-ZIP | St Petersburg, FL 33707 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **REQUIRED** DATE: **3/6/03**

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

CR2E037 (10/02)