2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# 756663

Entity Name: CALINI BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:

1030 SEASIDE DRIVE
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

1030 SEASIDE DRIVE
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-2196002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUNNINGHAM, SHARON F.
1030 SEASIDE DRIVE
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CUMMINS, WILLIAM A.,	
Address:	807 BLACK DUCK RUN	
City-St-Zip:	PT. ORANGE, FL	
Title:	TD	( ) Delete
Name:	HARN SR., JOSEPH L.,	
Address:	414 MURILLO DR.	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	VD	( ) Delete
Name:	BROTH, RAPHEL	
Address:	5074 HANGING MOSS LN	
City-St-Zip:	SARASOTA, FL 34238	
Title:	SD	( ) Delete
Name:	SCHOMAKER, JUDY	
Address:	6124 HOLLYWOOD BLVD	
City-St-Zip:	SARASOTA, FL 34231	
Title:	VD	( ) Delete
Name:	HODALSKI, FRANK	
Address:	4164 CENTERGATE BLVD	
City-St-Zip:	SARASOTA, FL 34233	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	HAMMOND, ELLEN	
Address:	1812 COUNTY ROAD 11	
City-St-Zip:	BELLFONTAINE, OH 43311	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CUMMINS PD 01/16/2004

Electronic Signature of Signing Officer or Director — Date