2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

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DOCUMENT # 760384 1. Entity Name JEANIE II BY THE SEA ASSOCIATION, INC.							004 90210			
Principal Place of Business 406 TYLER AVE CAPE CANAVERAL, FL 32970 US Mailing Address 329 TAFT AVE COCOA BEACH, FL 32931										
2. Principal Place of Business 3. Ma		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04092004	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State		4. FEI Number 59-292516		169			oplied For ot Applicable	-
Zip	Country	Zip	Country		5Certificate of	Status Desired	ضم 🖸 عصدا	\$8.75 Add	ditional	. =
	6. Name and Address of Current F	 Registered Agent	[7. Name and A	ddress of Nev	v Registered			ł
			Name				<u> </u>		ار در	
	ND CROSSING WAY ISLAND, FL 32952		Street Address ((P.O. Box Number is Not Acceptable)				
	'									
			City				FL	- 1		
The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or	r registered	agent, or both,	in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signati	ture required wh	nen reinstating)		DATE			
SIGNATURE .	Filing Fee is \$61.25	9. Election Carr	paign Financing	\$	5.00 May Be		Make chec			
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Carr Trust Fund C	paign Financing ontribution.	□ \$	5.00 May Be dded to Fees	1	Make chec lorida Depai	rtment of S	tate	
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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: _

HATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-19-04

321-783-4435

Date

Daytime Phone #