


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 762349 1. Entity Name FLORIDA GOLD COAST DIVING ASSOCIATION, INC.	
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Principal Place of Business 9285 N.W. 16TH STREET CORAL SPRINGS, FL 33071	Mailing Address 9285 N.W. 16TH STREET CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE



02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0373141	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TUYMER, ANNELIESE 9285 N.W. 16TH STREET CORAL SPRINGS, FL 33071	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000049663 02/13/04-80032-017 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLOMBO, DONALD 1306 NE 15TH AVE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'BRIEN, TIM 2400 E. LAS OLAS BLVD. #212 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TUYMER, ANNELIESE 9285 N.W. 16TH ST. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Anneliese Tuymmer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>2/9/2004</i> <small>Date</small>	<i>954-753-0725</i> <small>Daytime Phone #</small>
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