

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 762349

1. Entity Name
FLORIDA GOLD COAST DIVING ASSOCIATION, INC.



Principal Place of Business
9285 N.W. 16TH STREET
CORAL SPRINGS, FL 33071

Mailing Address
9285 N.W. 16TH STREET
CORAL SPRINGS, FL 33071



02022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0373141

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLOMBO, DONALD
STREET ADDRESS 1306 NE 15TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE VD
NAME O'BRIEN, TIM
STREET ADDRESS 2400 E. LAS OLAS BLVD. #212
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE STD
NAME TUYMER, ANNELIESE
STREET ADDRESS 9285 N.W. 16TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000220391
02/08/05-80067-025 70.00

**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)(l), 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:

Anneliese Tuymer
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2-2-05

Date

954-753-0725

Daytime Phone #