

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 23 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/14/04 90035 016 15000



08052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2949256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TELEMACHOS, NICHOLAS
3101 N. HWY A1A
INDIALANTIC, FL 32903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TELEMACHOS, NICHOLAS**
STREET ADDRESS **3101 HIGHWAY A1A**
CITY-ST-ZIP **INDIALANTIC, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **TELEMACHOS, CHRISTINA**
STREET ADDRESS **4 MARINA ISLES BLVD. # 201**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE **D** ☒ Delete
NAME **DIEGUEZ, ANTIGONE**
STREET ADDRESS **316 FIRST AVE.**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **D** ☐ Change ☒ Addition
NAME **TELEMACHOS, MARIA**
STREET ADDRESS **4 MARINA ISLES BLVD # 201**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE **D** ☒ Delete
NAME **CHRISTINA, TELMACHOPS**
STREET ADDRESS **3101 N. HWY A1A**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **D** ☐ Change ☒ Addition
NAME **TELEMACHOS, NICHOLE**
STREET ADDRESS **4 MARINA ISLES BLVD # 201**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/04 (321) 779-0825

Attachment
OK # K92832

August 12, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # K92832
Melbourne Ocean Club Hotel, Inc.
FEI #: 59-2949256

To Whom It May Concern:

Enclosed please find our amended 2004 Annual Report. The amended report has the title of each officer that was missing from the original report. Our original 2004 Annual Report was filed on time and the funds were also received on time.

Thank you for your time and assistance regarding this matter.

Sincerely yours,


Nicholas Telemachos
President