

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 017 ****61.25

DOCUMENT # N00000007150					
1. Entity Name CHARTER YACHT BROKERS ASSOCIATION, INC.					
Principal Place of Business 497 YACHT HARBOR DR. OSPREY, FL 34229-9152			Mailing Address 497 YACHT HARBOR DR. OSPREY, FL 34229-9152		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1050976	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 _____ (NOTE: Registered Agent signature required when installing)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME TRAYFORD, CHARLES III	<input type="checkbox"/> Delete			
STREET ADDRESS 11 ORCHARD HILL RD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP NEWTOWN, CT 064702225					
TITLE VPD	NAME STEWART, ELLEN	<input type="checkbox"/> Delete			
STREET ADDRESS 6501 RED HOOK PLAZA, #201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP ST. THOMAS, USVI 00802					
TITLE TD	NAME KENT, CAROL	<input checked="" type="checkbox"/> Delete			
STREET ADDRESS 77 N. WASHINGTON ST., STE. 200	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
CITY-ST-ZIP BOSTON, MA 021141993					
TITLE D	NAME ASHLEY, JUDY	<input type="checkbox"/> Delete			
STREET ADDRESS 1104 GRAND STREET	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP KEY LARGO, FL 33037					
TITLE SD	NAME DAILEY, LOUISE S	<input type="checkbox"/> Delete			
STREET ADDRESS 497 YACHT HARBOR DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP OSPREY, FL 342299152					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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>Charles Trayford III</i>		CHARLES TRAYFORD III		4/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	