

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007488

**FILED**  
**Feb 25, 2004**  
**Secretary of State****Entity Name:** TRANQUILITY BAY DEVELOPMENT PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4901 TAMIAMI TRAIL N  
NAPLES, FL 34103**New Principal Place of Business:****Current Mailing Address:**4901 TAMIAMI TRAIL N  
NAPLES, FL 34103 US**New Mailing Address:****FEI Number:** 65-1054119**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**US INVESTOR SERVICES INC  
4901 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ECKERMANN, JOERNN  
Address: 5001 TRANQUILITY BAY DR  
City-St-Zip: BOKEELIA, FL 33922

Title: VSD ( ) Delete  
Name: ECKERMANN, IMKE  
Address: 5001 TRANQUILITY BAY DR  
City-St-Zip: BOKEELIA, FL 33922

Title: DST ( ) Delete  
Name: REIFERS, PAUL G  
Address: STRETHAM MANOR  
City-St-Zip: HENFIELD, W SUSSEX, UK, BN59Y3

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOERN ECKERMANN

DBT

02/25/2004

Electronic Signature of Signing Officer or Director

Date