

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003866

FILED
Mar 14, 2004
Secretary of State

Entity Name: GUARDIANS OF THE SALT PONDS, INC.

Current Principal Place of Business:

1901 S ROOSEVELT BLVD, NO 205N
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1901 S ROOSEVELT BLVD, NO 205N
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1101217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAPER, RUSSELL
1901 S ROOSEVELT BLVD, NO 205N
KEY WEST, FL 33040

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: PD () Delete
Name: CASH, CAROLINE
Address: 2620 FOGARTY AVE
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: DRAPER, RUSSELL
Address: 1901 S ROOSEVELT BLVD, NO 205N
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: CASH, JERRY
Address: 2620 FOGARTY AVE.
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: COLBURN, CAROL
Address: 1901 S. ROOSEVELT BLVD. N., 408N
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: BOREL, JOAN
Address: 1089 OCEAN DRIVE
City-St-Zip: SUMERLAND, FL 33042

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: RUSSELL DRAPER

VD

03/14/2004

Electronic Signature of Signing Officer or Director

Date