
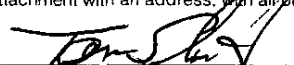


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90019 049 ****61.25

DOCUMENT # N02000002906					
1. Entity Name EVERGLADES HISTORIC CAMP OWNERS ASSOCIATION, INC.					
Principal Place of Business 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306		Mailing Address 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0434240	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EAKIN, W. CRAIG ESQ. 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMIDT, TOM		NAME		
STREET ADDRESS	16107 89 PLACE NORTH		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33740		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGERON, RONALD M SR.		NAME		
STREET ADDRESS	19612 SW 69TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33332		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILMOTH, LARRY		NAME		
STREET ADDRESS	5010 SW 188TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33332		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKINS, STEVE		NAME		
STREET ADDRESS	18353 40TH RUN NORTH		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWELL, CLIFF		NAME		
STREET ADDRESS	708 DIXIE LANE		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTHEWS, GARY		NAME		
STREET ADDRESS	17485 SW 245TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		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: 		TOM SCHMIDT, PRES		2-6-04 954-772-0772	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	