

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

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FILED
Jul 15, 2004 8:00 am
Secretary of State

04-26-2004 90459 048 ****70.00

DOCUMENT # N03000003193 1. Entity Name FLEET 45 SPACE COAST CATAMARAN ASSOCIATION INC.					
Principal Place of Business 3 POINT VIEW PLACE COCOA FL 32926			Mailing Address 3 POINT VIEW PLACE COCOA FL 32926		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number EIN 16-1694368			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANDREWS, DAVE 3 POINT-VIEW PLACE COCOA FL 32926			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u><i>David A. Andrews</i></u> (treasurer) <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> 4/21/04 <small>DATE</small> </div> </div>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, KENT <input type="checkbox"/> Delete 595 BELAIR AVENUE MERRITT ISLAND FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooper, Kent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 DOWSET DR. Cocoa Beach, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODERICKS, FRANK <input checked="" type="checkbox"/> Delete 1399 GLENEAGLE CIRCLE ROCKLEDGE FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Herendeen <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. BOX 375195 Satellite Beach, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREWS, DAVE <input type="checkbox"/> Delete 3 POINT-PLACE COCOA FL 32926		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMETT, SHAMBIE <input type="checkbox"/> Delete 325 S. BANANA RIVER BLVD. COCOA BEACH FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Kent Cooper</i></u> COMMODORE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/3/04 321-784-4222 <small>Date Daytime Phone #</small>		

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MOORE CR2E037 (11/03)