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

FILED Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90069 028 ****70.00

DOCUMENT # N03000005847

1. Entity Name SAVE OUR SEACOAST, INC.



				-	WE		_				
Principal Place of Business 1225 S OCEAN BLVD DELRAY BEACH, FL 33485		1225 9	Mailing Address 1225 S OCEAN BLVD DELRAY BEACH, FL 33485						9373	a naf a l kadl	
2. Principal Place of Business 3. M			Mailing Address								
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			03312004	Chg-NP	CR2E	037 (10/03)		
City & State		City 8	City & State			4. FEI Number 20 - 0	08809	51		oplied For ot Applicable	
		Zip	Country			5. Certificate of	Status Desired	×	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent			Agent]		7. Name and Ad	dress of New F	Registered	Agent	·	
					Name						
BOFSHEVER, HAROLD S ESQ C/O STEIN ROSENBERG & STEIN, P.A. 4875 N FEDERAL HWY 7TH FL				Street A	Address (I	P.O. Box Number is	s Not Acceptable	e)			
FT LAUDERDALE, FL 33308			City						- Zip Cod		
•				City				F	L Zip Cod	e	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees			ck payable t artment of S		
_10.	. OFFICERS AND	DIRECTORS		11.	Α	ADDITIONS/CHAN	GES TO OFFICE	RS AND D	DIRECTORS IN	10	
TITLE	DP		☐ Delete	TITLE	1.07	HONY PE FISCHE LAY BEA	201C.		☐ Change	Addition	
NAME	EDICK, RICHARD		C Delete	NAME	PAN	HUNY PE	KJICO	_	☐ Ottalige	T Addition	
STREET ADDRESS	1 '				408	FISCHE	r LANE	-			
ÇÎTY-ST-ZIP	615 N OCEAN BLVD			STREET ADDRESS	D	01.1 R CA	ru F1 2	3110	2		
CHY-SI-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP	mec	Eny NET	00,000	170.	,		
TITLE	D		☐ Delete	TITLE					☐ Change	Addition	
NAME	BOND, INA			NAME						_	
STREET ADDRESS	711 N OCEAN BLVD			STREET ADDRESS							
CITY-ST-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP	-					1	
TITLE	D		☐ Delete	TITLE	1				Change `	Addition	
NAME	GOLDBLUM, GEORGANN		CO Delete	NAME	S):	E TYPO	Copper	 	/ Jacobs	L Addition	
STREET ADDRESS	615 N OCEAN BLVD			STREET ADDRESS		-6 1776	CORREC	-//	•		
CITY-ST-ZIP	DELRAY BEACH, FL 33493			CITY-ST-ZIP							
TITLE	D		□ p.∪	-	 				V		
NAME	CAMPBELL, ALE		☐ Delete	TITLE		_			Change	☐ Addition	
				NAME	SÉZ	TYPO C	mare	77 × 56	•		
STREET ADDRESS CITY-ST-ZIP	1225 S OCEAN BLVD, #1105			STREET ADDRESS		7, 0		70.4			
	DELRAY BEACH, FL 33483			CITY-ST-ZIP							
TITLE	DST		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	BATES, STEPHEN			NAME	1						
STREET ADDRESS				STREET ADDRESS	l						
	1225 S OCEAN BLVD										
CITY-ST-ZIP	DELRAY BEACH, FL 33485			CITY-ST-ZIP							
TITLE			☐ Delete	CITY-ST-ZIP	_	•			☐ Change	Addition	
	DELRAY BEACH, FL 33485		☐ Delete	4					☐ Change	☐ Addition	
TITLE	DELRAY BEACH, FL 33485		☐ Delete	TITLE '					☐ Change	☐ Addition	
TITLE	DELRAY BEACH, FL 33485 D BROWN, MARTIN		☐ Delete	TITLE '		<u> </u>			☐ Change	☐ 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 thustee 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: