

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90044 001 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                            |                                                                                |                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N03000006302</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |                                                                                            |                                                                                |                                                                                                                                         |  |
| <b>1. Entity Name</b><br>BASS INLET CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                            |                                                                                |                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>316 COLDEWAY DR., UNIT D-29<br>PUNTA GORDA, FL 33950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                            | <b>Mailing Address</b><br>316 COLDEWAY DR., UNIT D-29<br>PUNTA GORDA, FL 33950 |                                                                                                                                         |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | <b>3. Mailing Address</b>                                                                  |                                                                                |                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         | Suite, Apt. #, etc.                                                                        |                                                                                |                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | City & State                                                                               |                                                                                |                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                 | Zip                                                                                        | Country                                                                        |                                                                                                                                         |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>JOHNSON, CHARLES A<br>316 COLDEWAY DR., UNIT D-29<br>PUNTA GORDA, FL 33950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                            |                                                                                | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                            |                                                                                |                                                                                                                                         |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                            |                                                                                |                                                                                                                                         |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                            |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                            |                                                                                |                                                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                   |                                                                                                                                         |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PD</b><br>JOHNSON, CHARLES A<br>316 COLDEWAY DR., UNIT D-29<br>PUNTA GORDA, FL 33950 |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SD</b><br>NASER, ROBERT E<br>340 GORHAM POND RD.<br>GOFFSTOWN, NH 03045              |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>TD</b><br>NASER, ROBERT D<br>85 COUNTRY CLUB RD.<br>DEDHAM, MA 02026                 |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                         |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                         |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                         |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| <b>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.</b> |                                                                                         |                                                                                            |                                                                                |                                                                                                                                         |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                            | 7-22-04 508-230-500<br><small>Date Daytime Phone #</small>                     |                                                                                                                                         |  |

66430548



07222004 Chg-NP CR2E037 (10/03)

4. FEI Number **20-1395147** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Attachment

# Florida Community Bank

3071057

03/29/2004

66430548  
#N0300006302

PAGE 2

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1018</p> <p>BASS INLET LLC.<br/>318 GOLDWAY DR. UNIT D-29<br/>PUNTA GORDA, FL 33950</p> <p>3/19/2004</p> <p>PAY TO THE ORDER OF American Express</p> <p>Two Hundred Sixty-Six and 33/100</p> <p>American Express<br/>PO Box 1270<br/>Newark NJ 07101-1270</p> <p>3752-624104-29007</p>                 | <p>1019</p> <p>BASS INLET LLC.<br/>318 GOLDWAY DR. UNIT D-29<br/>PUNTA GORDA, FL 33950</p> <p>3/24/2004</p> <p>PAY TO THE ORDER OF MBNA America</p> <p>Six Hundred Twenty and 92/100</p> <p>MBNA America<br/>PO Box 15019<br/>Wilmington, DE 19886-5019</p> <p>5720992762298074</p>              |
| 1018 03/02/2004 266.33                                                                                                                                                                                                                                                                                    | 1019 03/26/2004 620.92                                                                                                                                                                                                                                                                           |
| <p>1020</p> <p>BASS INLET LLC.<br/>318 GOLDWAY DR. UNIT D-29<br/>PUNTA GORDA, FL 33950</p> <p>3/11/2004</p> <p>PAY TO THE ORDER OF Florida Department of State</p> <p>Sixty-One and 15/100</p> <p>Florida Department of State<br/>PO Box 1500<br/>Tallahassee, FL 32302-1500</p> <p>Doc #N03000004382</p> | <p>1021</p> <p>BASS INLET LLC.<br/>318 GOLDWAY DR. UNIT D-29<br/>PUNTA GORDA, FL 33950</p> <p>3/16/2004</p> <p>PAY TO THE ORDER OF Florida Department of State</p> <p>Fifty and 00/100</p> <p>Florida Department of State<br/>PO Box 1500<br/>Tallahassee, FL 32302-1500</p> <p>L03000037146</p> |
| 1020 03/24/2004 61.25                                                                                                                                                                                                                                                                                     | 1021 03/24/2004 50.00                                                                                                                                                                                                                                                                            |



*Attachment*

*Robert E. Naser Real Estate*

*66435548*

*#N03000006302*

*Member - International Real Estate Institute*

*Senior Certified Valuer - S.C.V.*

*Registered International Member - R.I.M.*

*Member - National Association of Real Estate Appraisers*

*Certified Real Estate Appraiser - C.R.E.A.*

July 22, 2004

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam,

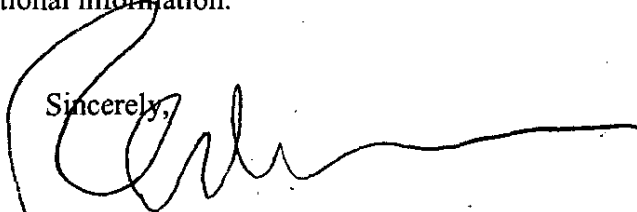
Enclosed is the 2004 Annual Report to be filed with your office.

We filed this form in March, 2004. However, it was returned to us for corrections.

Please note that the payment for the annual report was processed at that time. A copy of our bank's statement is also enclosed as proof of payment.

Please contact me if you require any additional information.

Sincerely,

  
Robert E. Naser  
Manager