


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90138 022 ****61.25

DOCUMENT # N03000007652

1. Entity Name
NATURE COAST LANDINGS STORAGE ASSOCIATION, INC.



Principal Place of Business
**10173 NORTH SUNCOAST BLVD.
 CRYSTAL RIVER, FL 34428**

Mailing Address
**10173 NORTH SUNCOAST BLVD.
 CRYSTAL RIVER, FL 34428**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04072005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0655179 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**EYSTER, JAMES P
 10173 NORTH SUNCOAST BLVD.
 CRYSTAL RIVER, FL 34428**

7. Name and Address of New Registered Agent
 Name
CARLENE M. WEST
 Street Address (P.O. Box Number is Not Acceptable)
10173 N. SUNCOAST BLVD
CRYSTAL RIVER FL Zip Code 34428

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 *Carlene M. West* **CARLENE M. WEST, SEC** 4/7/05
 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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OD EYSTER, JAMES P 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OD ROBERTS, NATALIE 450 WEST NORVELL BRYANT HIGHWAY HERNANDO, FL 34442 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEST, CARLENE 10173 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BEST, PEGGY 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LIGI, RANDY 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WEST, CARLENE 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BOGNETTI, DONALD 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRUSH, JIM 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: *Carlene M. West* **CARLENE M. WEST, SEC** 4/7/05 352-447-2299
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #