



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90047 001 \*\*\*\*61.25

DOCUMENT # N03000008517					
1. Entity Name SAILFISH COVE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1013 NORTH STATE ROAD 7 ROYAL PALM BEACH, FL 33411			Mailing Address 1013 NORTH STATE ROAD 7 ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463		3. Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463		 01062005 Chg-NP CR2E037 (10/03)	
City & State		City & State			
Zip		Country		4. FEI Number 84-1627031	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, PATRICIA K 200 S. BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>Jay Steven Levine</u> Street Address (P.O. Box Number is Not Acceptable) <u>3300 PG-A Blvd. Ste 530</u> <u>4th Floor</u> City <u>Palm Bch Gardens</u> FL <u>33410</u> 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: <u>Jay Steven Levine</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>3/23/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DREWS, ROBERT		NAME		
STREET ADDRESS	1013 NORTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOSSELIN, ANETTE		NAME		
STREET ADDRESS	1013 NORTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	INDIVIGLIO, MARIO		NAME		
STREET ADDRESS	1013 NORTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>3/23/05</u> -161-422-2882 <small>Daytime Phone #</small>	

ATTACHMENT

DOCUMENT #N03000008517 ; SAILFISH COVE

40043320

ADD 1VP  
LEINWOL, JERALD  
2364 SAILFISH COVE DRIVE  
WEST PALM BCH, FL 33411

ADD 2VP  
LIBERTA, BERNICE  
2384 SAILFISH COVE DRIVE  
WEST PALM BCH, FL 33411

ADD T  
PANAGACOS, CHRISTOS  
2414 SAILFISH COVE DRIVE  
WEST PALM BCH, FL 33411

ADD P  
LEVY, SANFORD  
2444 SAILFISH COVE DRIVE  
WEST PALM BCH, FL 33411

ADD S  
WHITE, DONALD  
2455 SAILFISH COVE DRIVE  
WEST PALM BCH, FL 33411