


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003887	
1. Entity Name EVERGLADES OUTPOST RESORT AND MARINA MASTER ASSOCIATION, INC.	

FILED  
05 MAY 12 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2950 TAMiami TRAIL NORTH SUITE 16 NAPLES, FL 34103 US	Mailing Address 2950 TAMiami TRAIL NORTH SUITE 16 NAPLES, FL 34103 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04012005 Chg-NP CR2E037 (10/03) 61.25

4. FEI Number 20-1029363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
KYRITSIS, ATHINA L 2950 TAMiami TRAIL NORTH SUITE 16 NAPLES, FL 34103	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREKOS, ZANNOS G	NAME	100054306491
STREET ADDRESS	2950 TAMiami TRAIL NORTH, SUITE 16	STREET ADDRESS	05/12/05--01007--001 **262.50
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYRITSIS, ATHINA L	NAME	
STREET ADDRESS	2950 TAMiami TRAIL NORTH, SUITE 16	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMANN, LESLIE A	NAME	
STREET ADDRESS	2950 TAMiami TRAIL NORTH, SUITE 19	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	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	
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	
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: \_\_\_\_\_ Date: 5 April 05 Daytime Phone #: 239 649 4805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR