

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2005
Secretary of State**

DOCUMENT# N04000008220

Entity Name: CHANNEL ACRES DREDGE ASSOCIATION, INC.

Current Principal Place of Business:

316 WINFIELD WAY
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

316 WINFIELD WAY
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 20-1555886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID
316 WINFIELD WAY
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HOLMES, DAVID
Address: 316 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: SCHAFER, MICHAEL
Address: 1241 GAYLE AVENUE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: SULESKY, CHARLES
Address: 311 CHANNEL LANE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: O'DEA, STEVEN
Address: 318 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: HOLMES, DAVID
Address: 316 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: GALLEAN, PIERRE
Address: 312 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HOLMES

PSTD

04/04/2005

Electronic Signature of Signing Officer or Director

Date