2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N18201

1. Entity Name
SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
648 SE 4TH AVENUE MELROSE, FL 32666 US	648 SE 4TH AVENUE MELROSE, FL 32666 US

DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2762205
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, HOLLIE M
648 SE 4TH AVENUE
MELROSE, FL 32666

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CHILDERS, CURTIS
STREET ADDRESS	618 SE 4TH AVE
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	SD
NAME	SMITH, HOLLIE M
STREET ADDRESS	648 SE 4TH AVENUE
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	D
NAME	CHESTNUT, WILLIAM
STREET ADDRESS	359 SE 4TH AVENUE
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	PD
NAME	GRAB, WILLIAM
STREET ADDRESS	564 SE 4TH AVENUE
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	D
NAME	RAY, JORDAN B
STREET ADDRESS	625 S.E. 5TH AVE.
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Hollie M. Smith Hollie M. Smith 1/21/05 (352) 475-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #