## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # N20507  1. Entity Name HARBOUR RIDGE YACHT CLUB, INC.				04-29-2004 90267 021 ****61.25	
l		Mailing Address 12600 HARBOUR RIDGE PALM CITY, FL 34990-8	_		
2. Principal Place of Business 3. Ma		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number Applied For NOT APPLICABLE Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
	Name			NER HAROLD L.	
CHANDLER, JOSEPH W 2004 ROYAL FERN CT.				Street Address (P.O. Box Number is Not Acceptable)	
PALM CITY, FL 34990			13401		
			City Pali	FL 3/1990	
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE					
Due by May 1, 2004 Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	D LOEWENBERG, JOHN	Delete	TITLE D	Ochange Addition	
STREET ADDRESS	12777 MARINAR CT		NAME VE TA	5 LANCE WOOD TERROCF	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP Pa.1	m City FL 34990	
<del>-</del>	D	FT		13.	
TITLE NAME	ROBERTSON, GERORGE	☐ Delete	TITLE NAME FEW	wer, Horold 1. Change Maddition	
STREET ADDRESS	12769 MARINER CT		STREET ADDRESS 13 4	101 Wax Mystle Teach	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP $\mathcal{D}_{\bullet}$ (	n City FL 34990	
TITLE	D	<b>⊠</b> Delete	TITLE O		
NAME	WEISSMAN, ROBERT J	Delete	NAME ICE LA	ly, Kichard	
STREET ADDRESS	1535 BUTTON BUSH CIRCLE		STREET ADDRESS 149	Change Addition  I WILD OLIVE COURT	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP PAL	n City FL 34990	
TITLE	D	Delete	TITLE D	☐ Change ☑ Addition	
NAME	CHANDLER, JOSEPH W		NAME Swie	der James	
STREET ADDRESS	2004 ROYAL FERN CT		STREET ADDRESS 200	9 Royal FERNCT.	
CITY-ST-ZIP	PALM CITY, FL		CITY-ST-ZIP PAL	n City FL 34990	
TITLE NAME	D CONNER DELBERTS	Delete	NAME FRIM	ner John	
STREET ADDRESS	CONNER, DELBERT S 12482 HARBOUR RIDGE BLVD			93 MARINER CT.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP $\mathcal{P}_n$		
TITLE	D	□ Delete	TITLE 20	□ Change 🔀 Addition	
NAME	MEANEY, GEORGE	La Delete		ZONS JAMES	
STRÉET ADDRESS	1483 SWEETBAY CT		STREET ADDRESS 709		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP $ ho_A$	In City FL 34990	
12. I hereby certify that the information supplied with this filling 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 of the receiver or trustee emovered to execute this report as required by Chapter 6.17. Florida Statutes, and that my same appears in Block 11 if					

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: Harold J. temme Harold L. Forner 4/28 by (772) 336-8907

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELO Date Dayline Phone #