


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90041 006 ****61.25

DOCUMENT # N23099 1. Entity Name PASADENA YACHT CLUB, INC.			
Principal Place of Business 6300 PASADENA POINT BLVD. GULFPORT FL 33707		Mailing Address PO BOX 530161 SAINT PETERSBURG FL 33747-0161	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6300 Pasadena Point Blvd Suite, Apt. #, etc.	
City & State Gulfport, FL		City & State Gulfport, FL	
Zip 33707	Country Pennellus	4. FEI Number 59-2856036	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent JOHNSON, DALE A 6300 PASADENA POINT BLVD. GULFPORT FL 33707		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) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	DV JAKIEL, JAKE <input type="checkbox"/> Delete 2836 SKIMMER POINT DR. GULFPORT FL 33707	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D WARMACK, RALPH <input type="checkbox"/> Delete 6317 PASADENA POINT BLVD. GULFPORT FL 33707	TITLE P/O WARMACK, RALPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6317 PASADENA POINT BLVD. GULFPORT, FL 33707	TITLE S/D MARILYN TERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6330 4th PALM POINT ST. PETERS BEACH, FL 33706	TITLE V/D JEAN LIETZKE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10220 TARPON DRIVE TREASURE ISLAND, FL 33706
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD PLONSKY, SALLY <input checked="" type="checkbox"/> Delete 2805 SKIMMER POINT DR. S. GULFPORT FL 33707	TITLE D MALIN, TOM <input checked="" type="checkbox"/> Delete 5917 SKIMMER POINT BLVD. S. GULFPORT FL 33707	TITLE TD MURRAY, DONALD <input type="checkbox"/> Delete 6240 KIPPS COLONY COURT, #104 GULF PORT FL 33707	TITLE PD MALIN, L.A. <input type="checkbox"/> Delete 5917 SKIMMER POINT BLVD. S. GULFPORT FL 33707
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:  **Donald Murray** **3/18/04** **787-341-0774**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #