
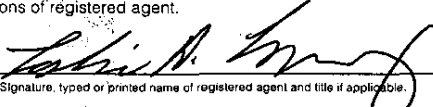



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90001 044 ****61.25

DOCUMENT # N43747 1. Entity Name SAILING SINGLES CLUB, INC.					
Principal Place of Business 12808 YACHT CLUB CIRCLE FORT MYERS, FL 33919 US				Mailing Address 12808 YACHT CLUB CIRCLE FORT MYERS, FL 33919 US	
2. Principal Place of Business 12808 YACHT CLUB CIRCLE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 6324 12808 YACHT CLUB CIRCLE Suite, Apt. #, etc.			
City & State FT MYERS FL		City & State FORT MYERS BEACH FL		4. FEI Number 65-0274378	
Zip 33919		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIEBERMAN, JIM 1500 POPHAM DR C-12 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name LESLIE EMERY Street Address (P.O. Box Number is Not Acceptable) 202 FISHERMAN WHARF BOVITA BILLS MARINA P.O. BOX 6324 City FORT MYERS BEACH FL Zip Code 33932	
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 5-28-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EMERY, LES P.O. BOX 6324 FORT MYERS BEACH, FL 33932	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, JOY P.O. BOX 5015 FORT MYERS BEACH, FL 33932	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TROWBRIDGE, CONNIE 2004 S.E. 26 TERRACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PEER, ROBT. 1639 BEACH PKWY #201 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LIEBERMAN, JIM 1500 POPHAM DR. C-12 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOOP, EVELYN 1209 SE 5TH STREET # 110 CAPE CORAL, FL 33990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYATT EVERS 3918 EDGEWOOD FT. MYERS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LESLIE EMERY P.O. BOX 6324 FT. MYERS BEACH FL 33932	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 5-28-04 DAYTIME PHONE # 239-910-7865 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54056407



02252004 Chg-NP CR2E037 (10/03)