


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90002 026 \*\*\*\*70.00

<b>DOCUMENT # N49948</b>					
1. Entity Name NORTHWEST FLORIDA TRACK CLUB, INC.					
Principal Place of Business POST OFFICE BOX 911 SHALIMAR, FL 32579			Mailing Address POST OFFICE BOX 911 SHALIMAR, FL 32579		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVIN, EDITH 7 POPLAN AVE SHALIMAR, FL 32579				Name <b>BONNIE CARDOW</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 LONGWOOD DRIVE</b> City <b>SHALIMAR, FL</b> Zip Code <b>32579</b>	
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 <i>Bonnie Cardow</i>				DATE <i>1-15-04</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONIATOWSKI, KEVIN		NAME	BARBA, DIANA	
STREET ADDRESS	1725 COLONIAL COURT		STREET ADDRESS	220 ANGLER AVE #10	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, CATHY		NAME	SHOFF, SUE	
STREET ADDRESS	4330 HIDDEN LAKES DRIVE		STREET ADDRESS	450 SANDMORE SHORES	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAHON, BRIAN		NAME		
STREET ADDRESS	12 MAYO STREET		STREET ADDRESS		
CITY-ST-ZIP	HURLBURT FIELD, FL 32544		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, KIM		NAME	LOVE, KIM	
STREET ADDRESS	1791 AUTUMN LANE		STREET ADDRESS	1791 AUTUMN LANE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>Brian McMahon</i>				DATE: <i>16 Jan 04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

24003270



01152004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3123885 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

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SIGNATURE: *Brian McMahon* DATE: *16 Jan 04*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #