


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90048 047 \*\*\*\*61.25

<b>DOCUMENT # N50385</b> 1. Entity Name <b>PORT OF CALL OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>57 NEWMAN DR DESTIN, FL 32541 US</b>			Mailing Address <b>57 NEWMAN DR DESTIN, FL 32550 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip <b>32550</b>		Country		4. FEI Number <b>59-3165345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>NEAVES, CLARK 104 NEWMAN DR DESTIN, FL 32550</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCCORMICK, JOE</b> <b>182 NEWMAN DR</b> <b>DESTIN, FL 32550</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NEAVES, CLARK</b> <b>104 NEWMAN DR</b> <b>DESTIN, FL 32550</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANDEL, TOM</b> <b>21 PORT OF CALL</b> <b>DESTIN, FL 32550</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>May Clark Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>31 Port of Call</b> <b>DESTIN FL 32550</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SNELGROVE, DEBORAH</b> <b>105 HARVEST POINT</b> <b>WARNER ROBINS, GA 31088</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VENATORI, LYNN</b> <b>128 NEWMAN DR</b> <b>DESTIN, FL 32550</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE: <u>Lynn Venatori</u> LYNN VENATORI</b>					
Date <u>1/24/05</u> Daytime Phone # <u>850-654-9757</u>					