2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90006 042 ****61.25

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1. Entity Name
SEVEN PINES ISLAND MARINA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% C SPURLING 2318 PINE ISLAND CT JACKSONVILLE, FL 32224 US	% C SPURLING 2318 PINE ISLAND CT JACKSONVILLE, FL 32224 US

03152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2420 Pine Island Court Suite, Apt. #, etc.
City & State	City & State: Jacksonville FL
Zip / Country	Zip: 32224 / Country: USA

4. FEI Number: 59-3218148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPURLING, CATHERINE S
2318 PINE ISLAND CT
JACKSONVILLE, FL
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name: KRATSAS, BILL
Street Address (P.O. Box Number is Not Acceptable): 2420 Pine Island Ct.
City: Jacksonville FL Zip Code: 32224

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: Bill Kratsas Treasurer DATE: 3/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUSTY, FISSETTE 2336 PINE ISLAND CT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SPURLING, CATHERINE 2318 PINE ISLAND CT JACKSONVILLE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition DT KRATSAS, BILL 2420 Pine Island Court JACKSONVILLE, FL 32224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CURTIN, MICHAEL 2360 PINE ISLAND CT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGORY, LUNNY 2330 PINE ISLAND COURT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PROCTOR, STEVE 2304 PINE ISLAND CT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Bill Kratsas 3/18/04 (904) 537-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #