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

Apr 13, 2004 8:00 am Secretary of State DOCUMENT # N9600006404 04-13-2004 90028 029 ****61.25 TAMPA BAY CATAMARAN SAILORS, INC. Principal Place of Business Mailing Address % CHRISTINE TUTCHER % CHRISTINE TUTCHER 94051322 901 BELLE CHASE CIRCLE 901 BELLE CHASE CIRCLE TAMPA, FL 33634-6280 TAMPA, FL 33634-6280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-3415030 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUTCHER, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 901 BELLE CHASE CIRCLE TAMPA, FL 33634 Zip Code City FL 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. CHRISTINE M. TUTCHER TREASURER 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE ☐ Delete TITLE ho_{VD} ☐ Addition FONDRK, JUDY NAME NAME RAGER 1301 LILY CT STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Addition TUTCHER, CHRISTINE NAME NAME STREET ADDRESS 901 BELLE CHASE CIRCLE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition TERRY FONDRK FONDRK, TERRY NAME NAME STREET ADDRESS 1301'LILY'CT = STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP 34689 TITLE ☐ Delete JOHNSON, CHERYL ALI MIMS 2027 DAK NAME NAME NEW W STREET ADDRESS 906 WOODCLIFF AVE STREET ADDRESS **TAMPA, FL 33613** CITY-ST-ZIP CITY-ST-ZIP PALM HALBOR TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. CHRISTINE M. TUTCHEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information