


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003252 1. Entity Name FLORIDA BEND REGIONAL SAILING ASSOC., INC.	
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Principal Place of Business 1510 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301	Mailing Address 1510 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

FILED

04 MAY -6 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3507120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUNTING, RONALD A 1510 OLD SAINT AUGUSTINE RD. TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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.

400035718964
05/06/04--01053--017 **\$61.25

SIGNATURE _____ DATE _____
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 September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D RONALD A BUNTING 1510 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, JASON 2980 CATHEDRAL DRIVE TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, PHIL 1168 E. TENNESSEE STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, MARK 19 WEATHERLY AVENUE NEW PORT, RI 02840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIKTA, JOSEPH F 918 ABBIEGAIL DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: Ronald A Bunting 5/6/04 877-4266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #