
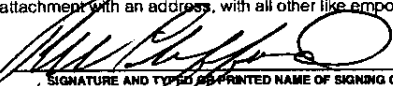


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90028 037 ****61.25

DOCUMENT # N98000002022					
1. Entity Name POINTE TARPON MARINA ASSOCIATION, INC.,					
Principal Place of Business 7300 PARK ST SEMINOLE, FL 33777			Mailing Address 7300 PARK ST SEMINOLE, FL 33777		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3077542	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REINHARDT, DEBBIE				Name	
RESOURCE PROPERTY MGMT				Street Address (P.O. Box Number is Not Acceptable)	
7300 PARK STREET				City	
SEMINOLE, FL 33777				FL Zip Code	
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> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYATT, CLIFF		NAME	Bob Clifford	
STREET ADDRESS	2915 SE 590 STE 21		STREET ADDRESS	1406 Manatee Cir #302	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, JAMES		NAME	Bob Pellechio	
STREET ADDRESS	2915 SR 590 STE 21		STREET ADDRESS	1474 Manatee Cir #604	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLECHIO, CAROL		NAME	Pam Fullerton	
STREET ADDRESS	2915 SR 590 STE 21		STREET ADDRESS	1462 Manatee Cir #607	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 1-27-04 Daytime Phone #: 727-298-2905		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94020691



01152004 Chg-NP CR2E037 (10/03)