

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002336

FILED
Feb 10, 2004
Secretary of State**Entity Name:** HIGHLANDS AIRBOAT ASSOCIATION, INC.**Current Principal Place of Business:**404 ADAMS AVENUE
LAKE PLACID, FL 33852**New Principal Place of Business:**509 LAKESIDE DRIVE
LAKE PLACID, FL 33852**Current Mailing Address:**P.O. BOX 3156
LAKE PLACID, FL 338523156**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BONETT, JOSEPH
404 ADAMS AVENUE
LAKE PLACID, FL 33852**Name and Address of New Registered Agent:**CLAY, TED N
509 LAKESIDE DRIVE
LAKE PLACID, FL 33852

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.

SIGNATURE: TED N. CLAY

02/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONETT, JOSEPH
Address: 404 ADAMS AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: V () Delete
Name: KEENE, PAT
Address: 122 WASHINGTON BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: ST () Delete
Name: CAMPBELL, OPAL V
Address: 275 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: CAMPBELL, WILLARD
Address: 275 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BOYER, DAVE
Address: 1615 BRADLEY ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Delete
Name: CLAY, TED
Address: 509 LAKESIDE DR.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KEENE, PAT
Address: 122 WASHINGTON BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: V (X) Change () Addition
Name: CLAY, TED N
Address: 509 LAKESIDE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED N. CLAY

V

02/10/2004

Electronic Signature of Signing Officer or Director

Date