


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90030 046 ****61.25

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| DOCUMENT # N98000004184 | |  | |
| 1. Entity Name SAILFISH SQUARES INC. | | | |
| Principal Place of Business WOMENS CLUB OF STUART 729 E. OCEAN BLVD STUART FL 34996 | | Mailing Address 56 AQUA RA DRIVE JENSEN BEACH FL 34957 | |
| 2. Principal Place of Business same as above Suite, Apt. #, etc. | | 3. Mailing Address 2204 SW Shoal Cr. Tr. Suite, Apt. #, etc. | |
| City & State Palm City, FL | | City & State Palm City, FL | |
| Zip 34990 | Country Martin | 4. FEI Number NO-T APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WARREN, THEA 4667 SE BALSABOOD TER STUART FL 34997 | | 7. Name and Address of New Registered Agent Name Sharon Hill Street Address (P.O. Box Number is Not Acceptable) 2204 SW Shoal Cr. Tr. City Palm City FL Zip Code 34990 | |
| 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 <i>Sharon Hill</i> DATE <i>2/25/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP | DP KLOPP, CLARENCE 7083 SE YELLOWOOD LANE STUART FL 34997 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Carole Courture 56 Aqua Ra Drive Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WARD, ROBERT 1800 SE ST LUCIE BLVD #12-101 STUART FL 34996 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Pat Bradley 5585 SW Savage St. Palm City, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WARD, ROBERT 1800 SE ST. LUCIE BLVD #12-101 STUART FL 34996 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Same <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WARREN, THEA 4667 SE BALSABOOD TER STUART FL 34997 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Sharon Hill 2204 SW Shoal Cr. Tr. Palm City, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TALLMAN, WANDA 9272 DUNCAN ST HOBE SOUND FL 33455 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Carole A. Couture* *Carole A. Couture* 2/25/04 229-8946 (172)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #