


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90078 040 \*\*\*\*61.25

<b>DOCUMENT # N99000005095</b> 1. Entity Name <b>PALM HARBOR II LIONS CLUB, INC.</b>					
Principal Place of Business <b>2790 SUNSET POINT RD. CLEARWATER, FL 33759</b>			Mailing Address <b>PALM HARBOR LION CLUB INC P.O. BOX 375 PALM HARBOR, FL 34682</b>		
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 <b>59-3612539</b>	
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	
<b>HAIR, STEVEN W ESQ. 2790 SUNSET POINT RD. CLEARWATER, FL 33759</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$81.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYAN, ANDREW		NAME		
STREET ADDRESS	1036 DARTFORD DR.		STREET ADDRESS		
CITY-ST-ZIP	TARPOON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNGS, SHARON		NAME		
STREET ADDRESS	237 MAPLE AV		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RACUGLIA, JOSEPH		NAME		
STREET ADDRESS	3531 FAIRWAY FOREST DR		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		
TITLE	1VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONSOLINO, JOHN		NAME		
STREET ADDRESS	286 ARBOR DR. E.		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE	2VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REZENDES, II, JOSEPH		NAME		
STREET ADDRESS	2045 RAINBOW FARMS DR.		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, RICHARD		NAME		
STREET ADDRESS	3700 DERBY DR. #1002		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		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.					
<b>SIGNATURE:</b> <u>David Speed</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/14/04 727-785-2035</u> <small>Date Daytime Phone #</small>		

*All @ Chmment pr N99000005095  
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**Palm Harbor II Lions Foundation, Inc**

2003-2004

List of Officers (No salaries are paid)

President	John Consolino 286 Arbor Dr E. Palm Harbor, FL. 34683 (727) 789-2172
1 st Vice President	Joseph Rezendes II 2045 Rainbow Farms Dr Safety Harbor, FL 34695 (727) 723-1922
2 <sup>nd</sup> Vice President	Alice Rezendes 2045 Rainbow Farms Dr Safety Harbor, FL 34695 (727) 723-1922
Secretary	James Lynch 1257 Taylor Ave Dunedin, FL 34698 (727) 735-0604
Treasurer	David Speed 2473 Indian Trail West Palm Harbor, FL 34683 (727) 785-2035
Assistant Treas.	John M. Consolino 286 Arbor Drive East Palm Harbor, FL 34683 (727) 789-2172
Director	Frank Ranieri 3683 Wellmore Court Tarpon Springs, FL 34689 (727) 934-1496
Director	John Marino 2921 Shannon Circle Palm Harbor, FL 34684 (727) 785-2766
Director	Sharon Youngs 237 Maple Ave. Palm Harbor, FL 34684 (727) 937-8631
Director	Virginia Diehl 2973 Spring Oak Court Palm Harbor, FL. 34684 (727) 787-4605
Director	Joan Regenauer 7819 Adelaide Loop New Port Richey, FL. 34655 (727) 375-8274
Immed. Past Pres	Andrew Boyan