

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000104506

1. Entity Name
PALM BAY CLUB GENERAL PARTNER, INC.



Principal Place of Business
**DARYL CRAMER & ASSOC., P.A.
3801 PGA BLVD SUITE 508
PALM BEACH GARDENS, FL 33410-2758**

Mailing Address
**DARYL CRAMER & ASSOC., P.A.
3801 PGA BLVD SUITE 508
PALM BEACH GARDENS, FL 33410-2758**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1058604

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DARYL CRAMER & ASSOCIATES, P.A.
3801 PGA BLVD
STE 508
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
LUCCHESI, FABRIZIO
105 WEST BEAVER CREEK STE 9 & 10
RICHMOND HILL, ONTARIO, 14b 1c6**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
MYERS, WILLIAM P
105 WEST BEAVER CREEK STE 9 & 10
RICHMOND HILL ONTARIO, 14b 1c6**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 607, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 3/04

Date

Daytime Phone #