


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90012 013 \*\*\*\*70.00

**DOCUMENT # 705671**

1. Entity Name  
**OFFSHORE POWER BOAT RACING ASSOCIATION, INC.**



Principal Place of Business  
 P.O. BOX 69-4733  
 MIAMI, FL 33269-8733

Mailing Address  
 P.O. BOX 69-4733  
 MIAMI, FL 33269-8733

34062937



2. Principal Place of Business  
**8612 NW 81 TERR**

3. Mailing Address  
**8612 NW 81 TERR**

Suite, Apt. #, etc.

07142004 Chg-NP CR2E037 (10/03)

City & State  
**TAMARAC, FL**

City & State  
**TAMARAC FL**

4. FEI Number  
**59-1172394**

Applied For  
 Not Applicable

Zip  
**33321** Country  
**USA**

Zip  
**33321** Country  
**USA**

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

6. Name and Address of Current Registered Agent

**BABIN, KATHERINE**  
**3150 NE 48 CT #203**  
**LIGHTHOUSE POINT, FL 33064**

7. Name and Address of New Registered Agent

Name  
**DEBRA FLEISCHMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**8612 NW 81 TERR.**

City  
**TAMARAC FL** Zip Code  
**33321**

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 *Debra Fleischman* DATE **7/10/04**

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

**Filing Fee is \$61.25 Due by September 8, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, DAVID 3527 NE 165 ST STE 404 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVIELLO, MICHAEL 2614 BAY DRIVE BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZONE, ANTHONY 3100 NE 164 ST N MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, JO 14100 BISCAYNE BLVD. #7 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLEISHMAN, DEBBIE 8612 NW 81 TERRACE TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZONE, GUY 71B S ESPLANDER DRIVE MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Debra Fleischman* PRES. DATE: **7/10/04** DAYTIME PHONE: **9549203694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR