FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715148 (3)

1. Corporation Name

~~STUART FLOTILLA NO. 59, INC.~~

ST. LUCIE INLET BOATING SAFETY ASSOC.,INC.

Principal Place of Business	Mailing Address
SANDSPRIT PARK ST LUCIE BLVD STUART FL 34997 US	P O BOX 625 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1968
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2367606 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

KERR, JUDITH M.
8543 S. E. SEAGRAPE WAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	FISHMAN, MARVIN	12 NAME	MANDEL, ROBERT D.
STREET ADDRESS	1400 NW LAKESIDE TRAIL	13 STREET ADDRESS	3724 SE FAIRWAY EAST
CITY-ST-ZIP	STUART FL	14 CITY ST ZIP	STUART, FL
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WHALEN, VINCENT	22 NAME	200001478722
STREET ADDRESS	7933 SE SARATOGA DR	23 STREET ADDRESS	-05/08/95--01046--005
CITY-ST-ZIP	HOBE SOUND FL	24 CITY ST ZIP	*****61.25 *****61.25
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	KERR, JUDITH M.	32 NAME	
STREET ADDRESS	8543 SE SEAGRAPE WAY	33 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	34 CITY-ST-ZIP	
TITLE	~~VD~~ D	41 TITLE	D ☒ Change ☐ Addition
NAME	ELLERT, GEORGE	42 NAME	
STREET ADDRESS	42 CAMINO DEL RIO	43 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	VD ☒ Change ☐ Addition
NAME	BURKE, LYON R.	52 NAME	ADAMS, JAMES
STREET ADDRESS	2631 SW MONARCH TRAIL	53 STREET ADDRESS	2217 SE LITHGOW ST
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP	PT ST LUCIE, FL
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FLEISCHHACKER, OWEN R.	62 NAME	
STREET ADDRESS	5418 SW ANHINGA AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith M. Kerr JUDITH M. KERR FEB. 10, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(407) 546-7681
Daytime Phone #

0070853