

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 745064 (6)

1. Corporation Name
COCOA BEACH BOATING CLUB, INC.



| | |
|--|--|
| Principal Place of Business 645 S. ATLANTIC AVE. COCOA BEACH FL 32931 US | Mailing Address 645 S. ATLANTIC AVE. COCOA BEACH FL 32931 US |
|--|--|

3. Date Incorporated or Qualified
11/27/1978

4. FEI Number
59-1889055

Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HUEY, SAM
645 S. ATLANTIC AVE.
COCOA BEACH FL 32931**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | TERSINI, MIKE |
| STREET ADDRESS | 202 JUNE DRIVE |
| CITY-ST-ZIP | COCOA BEACH FL |
| TITLE | VP <input checked="" type="checkbox"/> DELETE |
| NAME | CHAPP, BILL |
| STREET ADDRESS | 630 S BREVARD AVE 131 |
| CITY-ST-ZIP | COCOA BEACH FL |
| TITLE | S <input checked="" type="checkbox"/> DELETE |
| NAME | MARTHA CRUSEY |
| STREET ADDRESS | 190 PINELLAS LANE #411 |
| CITY-ST-ZIP | COCOA BEACH FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | LAZOWSKA, GENIE |
| STREET ADDRESS | 172 JAMAICA DRIVE |
| CITY-ST-ZIP | COCOA BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LEISER, FRED |
| STREET ADDRESS | 23 WEST POINT DRIVE |
| CITY-ST-ZIP | COCOA BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KRONBERG, GEORGE |
| STREET ADDRESS | 2090 N ATLANTIC AVE |
| CITY-ST-ZIP | COCOA BEACH FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CHAPP, BILL |
| 1.3 STREET ADDRESS | 630 S. BREVARD AVE # 131 |
| 1.4 CITY-ST-ZIP | COCOA BEACH, FL |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | FRANK GANNON |
| 2.3 STREET ADDRESS | 630 S. BREVARD AVE # 1117 |
| 2.4 CITY-ST-ZIP | COCOA BEACH FL 32931 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | MARY GANNON |
| 3.3 STREET ADDRESS | 630 S. BREVARD AVE # 1117 |
| 3.4 CITY-ST-ZIP | COCOA BEACH, FL 32931 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | LAZOWSKI, GENIE |
| 4.3 STREET ADDRESS | 172 JAMAICA DR |
| 4.4 CITY-ST-ZIP | COCOA BEACH FL 32931 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | TERSINI, MIKE |
| 5.3 STREET ADDRESS | 202 JUNE DRIVE |
| 5.4 CITY-ST-ZIP | COCOA BEACH FL 32931 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | KRONBERG, GEORGE |
| 6.3 STREET ADDRESS | 2090 N. ATLANTIC AV |
| 6.4 CITY-ST-ZIP | COCOA BEACH FL 32931 |

14. 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 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: *Bill Chapp*

CR2E037 (10/97)