


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90012 021 ****70.00

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1. Entity Name
COCOA BEACH BOATING CLUB, INC.



Principal Place of Business
**3950 S. BANANA RIVER BLVD
 COCOA BEACH, FL 32931 US**

Mailing Address
**P.O. BOX 784
 COCOA BEACH, FL 32931-0784 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1889055

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HUEY, SAM
 3950 S. BANANA RIVER BLVD
 COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	CD RADYITT, CHARLES 540 S. BREVARD AVE. #481 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PADGITT, CHARLES 540 S BREVARD #411 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOTD ROOT, ELEPATH M 540 S. BREVARD AVE #447 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTENBURY, KENNETH 540 S. BREVARD AVE. #427 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILHELMS, NANCY 550 S BREVARD, #515 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURIEL, KELLA R 3450 OCEAN BEACH BLVD, #706 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Bense, Karen 1712 Bayshore Dr Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KELLAR, ROBERT J 3450 OCEAN BEACH BLVD #706 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUPTON, VIRGINIA 220 JUNE DRIVE COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Naetzer, Rose 3450 Ocean Beach Blvd #601 Cocoa Beach, FL 32931-4182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, ALICE T 300 S BANANA RIVER BLVD #304 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Managan, Mina 580 S BREVARD #244 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rose B. Naetzer Rose B. Naetzer 4/30/07 (321) 883-5754
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #