2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 20, 2004 08:00 AM Secretary of State DOCUMENT # N44395 INDIAN RIVER COUNTY BOAT ASSOCIATION, INC. Principal Place of Business Mailing Address 126 S. PINE ST. FELLSMERE FL 32948 126 S. PINE ST. FELLSMERE FL 32948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0319844 Not Applicable Zip Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYERS, WILLIAM L. Street Address (P.O. Box Number is Not Acceptable) 126 S. PINE ST FELLSMERE FL 32948 Zio 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, typed or printed name of registored agent and little if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE ANDERSON, KEN NAME NAME U000000059115 9336 126TH AVE STREET ADDRESS STREET ADDRESS 02/20/04-80068-010 70.00 FELLSMERE FL 32948 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE FRONTZ, DUANE NAME NAME 81 S. MYRTLE ST. STREET ADDRESS STREET ADDRESS FELLSMERE FL 32948 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE ROODE, WILLIAM NAME NAME 13425 95TH ST. STREET ADDRESS STREET ADDRESS FELLSMERE FL 32948 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE HEARNDON, MICHAEL NAME NAME 11 S MAGNOLIA ST STREET ADDRESS STREET ADDRESS FELLSMERE FL 32948 CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP 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.

FILED

Daytime Phone #