2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N44395

1. Entity Name
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

02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0319844
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MYERS, WILLIAM L.
126 S. PINE ST
FELLSMERE, FL 32948

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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 William L. MYERS William L. Myers 2-11-05
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, KEN
STREET ADDRESS	9336 126TH AVE
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	P
NAME	FRONTZ, DUANE
STREET ADDRESS	81 S. MYRTLE ST.
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	D
NAME	ROODE, WILLIAM
STREET ADDRESS	13425 95TH ST.
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	D
NAME	HEARNDON, MICHAEL
STREET ADDRESS	11 S MAGNOLIA ST
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/05-80051-023 70.00

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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: Duane Frontz 2-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #