2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 08:00 Al

DOCUMENT # N44395 1. Entity Name INDIAN RIVER COUNTY BOAT ASSOCIATION, INC.						S	ecreta	ıry o	r State
Principal Place of Business Mailing Address 126 S. PINE ST. 126 S. PINE ST. FELLSMERE, FL 32948 FELLSMERE, FL 32948							71 m2301 M2301 N4441	医气管针 被火装订 亚之野山	11m2 M2 20m1
2. Principal Plac	e of Business - No P.O. Box # 3. M.	3. Mailing Address							
		Suite, Apt, #, etc.			{	\$\$ \$\$\$ \$11(\$ \$ \$ 1\$\$ \$ 1		STEEL STATE STATE	55 6 (6 5 (66)
Suite, Apt. #, etc.					03062007 Ct	ng-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 65-031984	4			plied For t Applicable
Zip	Country 2	ip .	Country		5. Certificate of St	atus Desired	1	8.75 Add	itional
	6. Name and Address of Current Registe	red Agent		<u>_</u>	7. Name and Add	ress of New F			
MYERS, WIL 126 S. PINE FELLSMERE	ST -	Name Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
			City	=-			FL	Zlp Code	3
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									
	iling Fee is \$61.25 ue by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	# Flo	lake check rida Departi	nent of St	ate
10.	OFFICERS AND DIRECTOR	S Delete	TITLE		ADDITIONS/CHANGI	S TO OFFICE			10 Addition
NAME A STREET ADDRESS 9	, INDERSON, KEN 1336 126TH AVE TELLSMERE, FL 32948	L.i Detate	NAME STREET ADDRESS CITY-ST-ZIP		Q:	U00000 3/27/07-		□ Change)14 70.	_
STREET ADDRESS 8	RONTZ, DUANE 11 S. MYRTLE ST. ELLSMERE, FL 32948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
STREET ADORESS 1:	O ROODE, WILLIAM 3425 95TH ST. ELLSMERE, FL 32948	□ Desete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
STREET ADDRESS 1) HEARNDON, MICHAEL 1 S MAGNOLIA ST FELLSMERE, FL 32948	☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP				-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY+ST-BP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied with this fillin	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ntained	in Chanter 119 Flor	ida Statifice 1		Change	Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #