

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010983

Entity Name: FLORIDA SEA KAYAKING ASSOCIATION, INC.**Current Principal Place of Business:**822 CLOUDBERRY BRANCH WAY
SAINT JOHNS, FL 32259**Current Mailing Address:**822 CLOUDBERRY BRANCH WAY
SAINT JOHNS, FL 32259 US**FEI Number: 61-1464546****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, HOWARD J
8810-C GOODBY'S EXECUTIVE DRIVE
JACKSONVILLE, FL 32217 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MEIER, BRUCE
Address	12224 DIVIDING OAKS TR W
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	DECKER, DANA
Address	445 TABOR DR E
City-State-Zip:	JACKSONVILLE FL 32216

Title	VPD
Name	MITCHELL, ANDY
Address	8343 HOGAN RD #111
City-State-Zip:	JACKSONVILLE FL 32216

Title	D
Name	PERDUE, JACK
Address	17118 DORADO CIRCLE
City-State-Zip:	JACKSONVILLE FL 32226

Title	T
Name	CONA, JOSEPH
Address	2681 SENECA DRIVE
City-State-Zip:	JACKSONVILLE FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH CONA**TREASURER****04/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date