


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90107 040 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # 708617 1. Entity Name TRIANGLE BOAT CLUB, INC. | | | |  | |
| Principal Place of Business HWY 441 AT DEAD RIVER P.O. BOX 341 TAVARES, FL 32778 | | | Mailing Address HWY 441 AT DEAD RIVER P.O. BOX 341 TAVARES, FL 32778 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01042008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CAREY, WILLIAM 12315 UNITED STATES HIGHWAY 441 SUITE 24 TAVARES, FL 32778 | | | Name ROBERT THAMES Street Address (P.O. Box Number is Not Acceptable) 33609 Pennbrook Pkwy City Leesburg, FL Zip Code 34748 | | |
| 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. ROBERT THAMES, COMMODORE | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RC BARBIC, JACK 222 MAGNOLIA CIRCLE EUSTIS, FL 32726 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COMD ROBERT THAMES 33609 Pennbrook Pkwy Leesburg, FL 34748 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COMD CAREY, WILLIAM 12315 US HWY 441 # 24 TAVARES, FL 32778 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD CAREN KOZLOWSKY 13910 SE 86 Circle Summerfield, FL 34991 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD BUSTON, VIRGINIA 11550 MAGNOLIA AVENUE TAVARES, FL 32778 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RC KENT RICHTER 12207 Lakeside Lane TAVARES, FL 32778 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBERTS, SUSAN 27734 CYPRESS GLEN CT YALAH, FL 34797 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JAMES BURGESS 11415 Pine Ridge Rd. Leesburg, FL 34788 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CAREY, DENISE 12315 US HWY 441 # 24 TAVARES, FL 32778 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MARY BURNS 12115 CANAL STREET TAVARES, FL 32778 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: <u>Robert L. Thames</u> Jan. 9, 2008 352-315-1238 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |