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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715148 (3)

1. Corporation Name
ST. LUCIE INLET
INLET BOATING SAFETY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SANDSPRIT PARK
ST LUCIE BLVD
STUART FL 34997
US

P O BOX 625
STUART FL 34995-0625

3. Date Incorporated or Qualified
08/22/1968

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2367606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERR, JUDITH M.
8543 S. E. SEAGRAPE WAY
HOBE SOUND FL 33455

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MANDEL, ROBERT D
STREET ADDRESS 3724 SE FAIRWAY EAST
CITY-ST-ZIP STUART FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME HARGER, HAROLD M.
1.3 STREET ADDRESS 2012 SW MAYFLOWER DR.
1.4 CITY-ST-ZIP PALM CITY FL 34990

TITLE SD ☒ DELETE
NAME WHALEN, VINCENT
STREET ADDRESS 8441 SE DOUBLE TREE DR.
CITY-ST-ZIP HOBE SOUND FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME WERNER, GEORGE F.
2.3 STREET ADDRESS 1950 PALM CITY RD, SUITE 11-206
2.4 CITY-ST-ZIP STUART FL 34994

TITLE TD ☐ DELETE
NAME KERR, JUDITH M.
STREET ADDRESS 8543 SE SEAGRAPE WAY
CITY-ST-ZIP HOBE SOUND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ELLERT, GEORGE
STREET ADDRESS 42 CAMINO DEL RIO
CITY-ST-ZIP PT ST LUCIE FL

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME ADAMS, JAMES
STREET ADDRESS 2217 SE LITHGOW ST
CITY-ST-ZIP PT ST LUCIE FL

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FLEISCHACKER, OWEN R.
STREET ADDRESS 5418 SW ANHINGA AVENUE
CITY-ST-ZIP PALM CITY FL

6.1 TITLE VD ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith M. Kerr (JUDITH M. KERR)

1-18-97 546-7681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0071983

CR2E037 (9/96)