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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715148** (3)
1. Corporation Name
ST. LUCIE INLET BOATING SAFETY ASSOCIATION, INC.

Principal Place of Business
**SANDSPRIT PARK
ST LUCIE BLVD
STUART FL 34907
US**

Mailing Address
**P O BOX 625
STUART FL 34995**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/22/1968	
4. FEI Number 59-2367606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	
TITLE	<input type="checkbox"/> DELETE
NAME	D HARGER, HAROLD M
STREET ADDRESS	2012 SW MAYFLOWER DR.
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D WERNER, GEORGE F
STREET ADDRESS	1950 PALM CITY RD., SUITE 11-208
CITY-ST-ZIP	STUART FL 34994
TITLE	<input type="checkbox"/> DELETE
NAME	TD KERR, JUDITH M.
STREET ADDRESS	8543 SE SEAGRAPE WAY
CITY-ST-ZIP	HOBE SOUND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD ELLERT, GEORGE
STREET ADDRESS	42 CAMINO DEL RIO
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD ADAMS, JAMES
STREET ADDRESS	2217 SE LITHGOW ST
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD FLEISCHHACKER, OWEN R.
STREET ADDRESS	5418 SW ANHINGA AVENUE
CITY-ST-ZIP	PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARRY D. MICHAELIAN
2.3 STREET ADDRESS	762 FALCON ST.
2.4 CITY-ST-ZIP	PALM CITY FL 34990
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECT/DIRECTOR JOSEPH J. LANZ
4.3 STREET ADDRESS	2423 SW 14th TERR
4.4 CITY-ST-ZIP	PALM CITY FL 34990
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICE PRES./DIRECTOR ROBERT B. HALLERAN
5.3 STREET ADDRESS	170 NE TWYLITE TR.
5.4 CITY-ST-ZIP	PT. ST. LUCIE 34983
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PRESIDENT/DIRECTOR
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* 3-15-98 (561)546-7681

CR2E037 (10/97)