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03-04-1999 90211 009 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715148

1. Corporation Name

ST. LUCIE INLET BOATING SAFETY ASSOCIATION, INC.

Principal Place of Business

SANDSPRIT PARK
ST LUCIE BLVD
STUART FL 34997
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.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

08/22/1968

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

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

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

TITLE ☐ DELETE
NAME **D**
HARGER, HAROLD M
STREET ADDRESS **2012 SW MAYFLOWER DR.**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ DELETE
NAME **D**
MICHAELIAN, HARRY D.
STREET ADDRESS **762 FALCON ST**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ DELETE
NAME **SD**
LANZ, JOSEPH J.
STREET ADDRESS **2423 SW 14TH TERR**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ DELETE
NAME **VPD**
HALLERAN, ROBERT E.
STREET ADDRESS **170 NE TWYLITE TR**
CITY-ST-ZIP **PT ST LUCIE FL 34983**

TITLE ☐ DELETE
NAME **PD**
FLEISCHACKER, 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VPD**
DAVIS, ROBERT P.
5.3 STREET ADDRESS **382 NARANJA AVE**
5.4 CITY-ST-ZIP **PT. ST. LUCIE, FL 34983**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
KARMILLER, RON
6.3 STREET ADDRESS **8812 SE MARINA BAY DR**
6.4 CITY-ST-ZIP **HOBE SOUND, FL 33455**

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/99 (561) 546-7681

CR2E037 (11/98)