

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715148

FILED  
May 09, 2007  
Secretary of State

**Entity Name:** ST. LUCIE INLET BOATING SAFETY ASSOCIATION, INC.

**Current Principal Place of Business:**

SANDSPRIT PARK  
ST LUCIE BLVD  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 625  
STUART, FL 34995 UA

**New Mailing Address:**

**FEI Number:** 59-2367606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GELPKE, WILLIAM E T  
1820 NE JENSEN BEACH BLVD  
# 628  
JENSEN BEACH, FL 34957 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

**OFFICERS AND DIRECTORS:**

Title: S/D ( ) Delete  
Name: EHLERT, CAROL E  
Address: 17 ORINCO  
City-St-Zip: PT. ST. LUCIE, FL 34952 US

Title: D ( ) Delete  
Name: MICHAELIAN, HARRY D.  
Address: 762 SW FALCON ST  
City-St-Zip: PALM CITY, FL 34990 US

Title: P/D ( ) Delete  
Name: FLEISCHHACKER, OWEN R  
Address: 5418 ANHINGA AVE  
City-St-Zip: PALM CITY, FL 34990 US

Title: V/P ( ) Delete  
Name: MCCARTHY, BENNETT  
Address: 1017 NE TERRACE WAY  
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: D ( ) Delete  
Name: JOHNSON, RICHARD  
Address: 262 SW CHRISTMAS TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: D ( ) Delete  
Name: CONNELL, FRANK J  
Address: 804 OCEAN ROAD  
City-St-Zip: STUART, FL 34996 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S/D (X) Change ( ) Addition  
Name: DURANTE, JOSEPH  
Address: 1245 SW KANNER HWY  
City-St-Zip: STUART, FL 34997 US

Title: D (X) Change ( ) Addition  
Name: WILCOX, MARSHALL  
Address: 95 S RIVER ROAD  
City-St-Zip: STUART, FL 34996 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM E GELPKE

T

05/09/2007

Electronic Signature of Signing Officer or Director

Date