

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90140 043 ****61.25

DOCUMENT # 715148

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2367606**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KARMILLER, RONALD P
8812 SE MARINA BAY DR
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name **WILLIAM A. HEDGES**

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

2598 SE JASON AVE

PORT ST. LUCIE FL

City

FL

Zip Code

34952

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.

SIGNATURE

William A. Hedges

7-22-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D FLEISCHACKER, OWEN R**
STREET ADDRESS **5418 ANHINGA AVE**
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 **D DARLING, GARRITT A.**
STREET ADDRESS **9035 BOBWHITE ST**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
NAME **P HALLERAN, ROBERT E**
STREET ADDRESS **170 NE TWYLITE TERR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Delete
NAME **SD PHOENIX, CHRISTOPHER**
STREET ADDRESS **1543 NE 24TH ST**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☒ Delete
NAME **KARMILLER, RON P**
STREET ADDRESS **8812 SE MARINA BAY DR**
CITY-ST-ZIP **HOBE SOUND FL 33455**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **TREASURER WILLIAM A HEDGES**
STREET ADDRESS **2598 SE JASON AVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

William A. Hedges **WILLIAM A. HEDGES** **7-22-03** **772-337-4258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0016903