

**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

0016903

**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**

CHECK HERE IF MAKING CHANGES



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

7-22-03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLEISCHACKER, OWEN R</b>	
STREET ADDRESS	<b>5418 ANHINGA AVE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAELIAN, HARRY D.</b>	
STREET ADDRESS	<b>762 FALCON ST</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DARLING, GARRITT A.</b>	
STREET ADDRESS	<b>9035 BOBWHITE ST</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HALLERAN, ROBERT E</b>	
STREET ADDRESS	<b>170 NE TWYLITE TERR</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34983</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PHOENIX, CHRISTOPHER</b>	
STREET ADDRESS	<b>1543 NE 24TH ST</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KARMILLER, RON P</b>	
STREET ADDRESS	<b>8812 SE MARINA BAY DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM A HEDGES</b>	
STREET ADDRESS	<b>2598 SE JASON AVE,</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)