


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90099 004 ****61.25

DOCUMENT # 722207
 1. Entity Name
EDUCATIONAL BOATING ASSOCIATION, INC.



Principal Place of Business
 7536 WENTWORTH DR.
 LAKE WORTH, FL 33467 US

Mailing Address
 7536 WENTWORTH
 FT. WORTH, FL 33467 US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
WAYNE A. SUCKOW
7536 WENTWORTH DR.
LAKE WORTH, FL 33467

4. FEI Number
23-7212707

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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	P	<input type="checkbox"/> Delete
NAME	SUCKOW, WAYNE A.	
STREET ADDRESS	7536 WENTWORTH	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PECORONI, CHARLES	
STREET ADDRESS	1004 10TH LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEVINE, JACQUELIN	
STREET ADDRESS	206 SW 13TH AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLEASANTON, LORAN	
STREET ADDRESS	235 SW 13TH AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIELBICHLER, OTTO	
STREET ADDRESS	621 SHORE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, DONALD	
STREET ADDRESS	1224 EAGLES LANDING WY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, RALPH	
STREET ADDRESS	7477 BRUNSWICK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL, 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMETT BRUCE	
STREET ADDRESS	6183 BEAR CREEK COURT	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wayne A. Suckow **WAYNE A. SUCKOW** 01/19/06 561-968-9546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK# 0124