


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90078 038 \*\*\*\*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 - No P.O. Box #  
**1004 10th Lane**

3. Mailing Address  
**7477 Brunswick Circle**

Suite, Apt. #, etc.

City & State  
**Lake Worth, FL**

City & State  
**Boynton Beach, FL**

Zip  
**33436** Country  
**Palm Beach**

Zip  
**33437** Country  
**Palm Beach**



04032007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**WAYNE A. SUCKOW  
 7536 WENTWORTH DR.  
 LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name  
**Charles Pecoroni**

Street Address (P.O. Box Number is Not Acceptable)  
**1004 10th Lane**

City  
**Lake Worth** FL Zip Code  
**33468**

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: Charles Pecoroni DATE: 4-9-07

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, 2007**

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 checked="" 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 checked="" type="checkbox"/> Delete
NAME	LEVINE, JACQUELIN	
STREET ADDRESS	206 SW 13TH AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, RALPH	
STREET ADDRESS	7477 BRUNSWICK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIELBICHLER, OTTO	
STREET ADDRESS	621 SHORE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARMETT, BRUCE	
STREET ADDRESS	6183 BEAR CREEK CT.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolson, Gerald	
STREET ADDRESS	4580 A Rosewood Tree Court	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pecoroni, Charles	
STREET ADDRESS	1004 10th Lane	
CITY-ST-ZIP	Lake Worth, FL 33468	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pecoroni, Dorothy	
STREET ADDRESS	1004 10th Lane	
CITY-ST-ZIP	Lake Worth, FL 33468	
TITLE	ST	<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		

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: Ralph A. Vasquez Ralph A. Vasquez (561) 742-8313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #