


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 002 ****70.00

DOCUMENT # 722207			
1. Entity Name EDUCATIONAL BOATING ASSOCIATION, INC.			
Principal Place of Business 1004 10TH LN LAKE WORTH, FL 33436 US		Mailing Address 7477 BRUNSWICK CIR BOYNTON BEACH, FL 33437 US	
2. Principal Place of Business - No P.O. Box # 1004 10th LANE Suite, Apt. #, etc.		3. Mailing Address 7477 BRUNSWICK CIRCLE Suite, Apt. #, etc.	
City & State LAKE WORTH, FL Zip 33463 Country U.S.		City & State BOYNTON BEACH, FL Zip 33472 Country U.S.	
4. FEI Number 23-7212707		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent PECOTONI, CHARLES 1004 10TH LN LAKE WORTH, FL 33436		7. Name and Address of New Registered Agent Name <u>PECORONI, CHARLES</u> Street Address (P.O. Box Number is Not Acceptable) <u>1004 10th LANE</u> City <u>LAKE WORTH,</u> FL Zip Code <u>33463</u>	
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 <u>Charles W Pecoroni</u> DATE <u>4/13/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOLSON, GERALD 4580 A ROSEWOOD TREE CT BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PECORONI, CHARLES 1004 10TH LANE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECORONI, DOROTHY 1004 10TH LN LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VASQUEZ, RALPH 7477 BRUNSWICK CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>S/T</u> <u>VASQUEZ, RALPH</u> <u>7477 BRUNSWICK CIRCLE</u> <u>BOYNTON BEACH, FL 33472</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIELBICHLER, OTTO 621 SHORE DR BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARMETT, BRUCE 6183 BEAR CREEK CT. LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ralph A Vasquez</u>		Date <u>4/13/08</u> Daytime Phone # <u>(561) 742-8213</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	