

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722207

FILED
Feb 23, 2009
Secretary of State

Entity Name: EDUCATIONAL BOATING ASSOCIATION, INC.

Current Principal Place of Business:

1004 10TH LN
LAKE WORTH, FL 33436 US

New Principal Place of Business:

1004 10TH LN
LAKE WORTH, FL 33463 US

Current Mailing Address:

7477 BRUNSWICK CIR
BOYNTON BEACH, FL 33437 US

New Mailing Address:

7477 BRUNSWICK CIR
BOYNTON BEACH, FL 33472 US

FEI Number: 23-7212707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PECOTONI, CHARLES
1004 10TH LN
LAKE WORTH, FL 33436 US

Name and Address of New Registered Agent:

PECORONI, CHARLES
1004 10TH LN
LAKE WORTH, FL 33463 US

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.

SIGNATURE: CHARLES W. PECORONI

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DOLSON, GERALD
Address: 4580 A ROSEWOOD TREE CT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: P () Delete
Name: PECORONI, CHARLES
Address: 1004 10TH LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: PECORONI, DOROTHY
Address: 1004 10TH LN
City-St-Zip: LAKE WORTH, FL 33463

Title: ST () Delete
Name: VASQUEZ, RALPH
Address: 7477 BRUNSWICK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D () Delete
Name: SPIELBICHLER, OTTO
Address: 621 SHORE DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: PARMETT, BRUCE
Address: 6183 BEAR CREEK CT.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: VASQUEZ, RALPH A
Address: 7477 BRUNSWICK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH A. VASQUEZ

ST

02/23/2009

Electronic Signature of Signing Officer or Director

Date