

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722207

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** EDUCATIONAL BOATING ASSOCIATION, INC.

**Current Principal Place of Business:**

1004 10TH LANE  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

7477 BRUNSWICK CIRCLE  
BOYNTON BEACH, FL 33472 US

**New Mailing Address:**

FEI Number: 23-7212707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: PARMETT, BRUCE  
Address: 6183 BEAR CREEK CT  
City-St-Zip: LAKE WORTH, FL 33467

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

Title: D  
Name: PECORONI, DOROTHY  
Address: 1004 10TH LANE  
City-St-Zip: LAKE WORTH, FL 33463

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

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

Title: D  
Name: BREGOLI, FRANK  
Address: 804 SW 5TH COURT  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby 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 all other like empowered.

SIGNATURE: RALPH A. VASQUEZ

S/T

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date