

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725621 (7)
1. Corporation Name
TREASURE COAST BOATING SAFETY ASSOCIATION, INC.



Principal Place of Business Mailing Address
1400 SEAWAY DR 1400 SEAWAY DR
FORT PIERCE FL 34949 FORT PIERCE FL 34949

3. Date Incorporated or Qualified 02/21/1973	3a. Date of Last Report 04/20/1995
4. FEI Number 59-2367649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ROSSITTO, ROBERT J
5116 MYRTLE DR.
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BREESE, ROBERT G. 1505 SE 8TH AVENUE OKEECHOBEE FL	1.1 TITLE	PD ROBERT J. ROSSITTO 5116 MYRTLE DRIVE FORT PIERCE, FL 34982
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ROSSITTO, ROBERT J. 5116 MYRTLE DRIVE FT. PIERCE FL	2.1 TITLE	VD JOHN OROS 19 PLEASANT VIEW DRIVE JENSEN BEACH, FL 34957
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD FLIEGEL, AUDREY 5300 DEER RUN DRIVE FT PIERCE FL	3.1 TITLE	TD WILLIAM A. KLAMBT 4845 GROVERS ROAD FORT PIERCE, FL 34951
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D KIRCHNER, JAMES E 211 FERNANDINA ST. FT PIERCE FL 34949	4.1 TITLE	D HENRY H. FLIEGEL 5300 DEER RUN DRIVE FORT PIERCE, FL 34951
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BREESE, DORIS 1508 SE 8TH AVENUE OKEECHOBEE FL	5.1 TITLE	D PAUL MACCARONE 702 NW ORCHID STREET PORT ST. LUCIE, 34983
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D TODD, WILLIAM J. SR. 2879 NE HICKORY RIDGE JENSEN BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A. Klambt 3/6/96 (407) 465-1071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)