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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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 34949-3152

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 Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/21/1973 03/13/1996
4. FEI Number Applied For
59-2367649 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the agent named in this statement is the registered agent of the corporation. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSSITTO, ROBERT J.	
STREET ADDRESS	5116 MYRTLE DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSSITTO, ROBERT J.	
STREET ADDRESS	5116 MYRTLE DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FLIEGEL, AUDREY	
STREET ADDRESS	5300 DEER RUN DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLIEGEL, HENRY H.	
STREET ADDRESS	5300 DEER RUN DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACCARONE, PAUL	
STREET ADDRESS	702 NW ORCHID STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TODD, WILLIAM J. SR.	
STREET ADDRESS	2879 NE HICKORY RIDGE	
CITY-ST-ZIP	JENSEN BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BREESE, ROBERT G.	
1.3 STREET ADDRESS	1505 SE 8TH AVENUE	
1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KLAMBT, WILLIAM A.	
2.3 STREET ADDRESS	4845 GROVERS ROAD	
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34951	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KLAMBT, GLADYS R.	
3.3 STREET ADDRESS	4845 GROVERS ROAD	
3.4 CITY-ST-ZIP	FORT PIERCE, FL 35951	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct 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 file 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 J. Klampt (TREASURER) 3-6-97 (560465-1071)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (9/96)