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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725621 (7)
 1. Corporation Name
TREASURE COAST BOATING SAFETY ASSOCIATION, INC.



Principal Place of Business 1400 SEAWAY DR FORT PIERCE FL 34949	Mailing Address 1400 SEAWAY DR FORT PIERCE FL 34949
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3. Date Incorporated or Qualified 02/21/1973	
4. FEI Number 59-2367649	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSITTO, ROBERT J.	1.2 NAME	Henry H. Fliegel
STREET ADDRESS	5116 MYRTLE DRIVE	1.3 STREET ADDRESS	5300 Deer Run Drive
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, FL 34951
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREESE, ROBERT G	2.2 NAME	
STREET ADDRESS	1505 SE 8TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAMBT, WILLIAM A	3.2 NAME	
STREET ADDRESS	4845 GROVERS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLIEGEL, HENRY H.	4.2 NAME	Gladys R. Klambt
STREET ADDRESS	5300 DEER RUN DRIVE	4.3 STREET ADDRESS	4845 Grovers Road
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	Fort Pierce, FL 34951
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARONE, PAUL	5.2 NAME	
STREET ADDRESS	702 NW ORCHID STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, WILLIAM J. SR.	6.2 NAME	
STREET ADDRESS	2879 NE HICKORY RIDGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *William A. Klambt* **1/20/98** (561) 465-1071

CR2E037 (10/97)