


FILE NOW: FILING FEE IS \$61.25

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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	
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 Not Applicable

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

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	

9. Name and Address of Current Registered Agent ROSSITTO, ROBERT J 5116 MYRTLE DR. FORT PIERCE FL 34982	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. 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	
TITLE	PD
NAME	ROSSITTO, ROBERT J.
STREET ADDRESS	5116 MYRTLE DRIVE
CITY-ST-ZIP	FORT PIERCE FL
TITLE	VD
NAME	BREESE, ROBERT G
STREET ADDRESS	1505 SE 8TH AVE
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	TD
NAME	KLAMBT, WILLIAM A
STREET ADDRESS	4845 GROVERS RD
CITY-ST-ZIP	FT PIERCE FL
TITLE	D
NAME	FLIEGEL, HENRY H.
STREET ADDRESS	5300 DEER RUN DRIVE
CITY-ST-ZIP	FT PIERCE FL
TITLE	D
NAME	MACCARONE, PAUL
STREET ADDRESS	702 NW ORCHID STREET
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	D
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	D
1.2 NAME	Henry H. Fliegel
1.3 STREET ADDRESS	5300 Deer Run Drive
1.4 CITY-ST-ZIP	Fort Pierce, FL 34951
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD
4.2 NAME	Gladys R. Klambt
4.3 STREET ADDRESS	4845 Grovers Road
4.4 CITY-ST-ZIP	Fort Pierce, FL 34951
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 (541) 465-1071

CR2E037 (10/97)