

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90002 001 ****61.25

DOCUMENT # 743873					
1. Entity Name THE BOATHOUSE OF HENDRICKS ISLE CONDOMINIUM APARTMENTS, INC.					
Principal Place of Business 424 HENDRICKS ISLE SUITE #4 FT LAUDERDALE, FL 33301 US			Mailing Address SUSAN PROVINI 424 HENDRICKS ISLE #4 FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1981296	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PROVINI, SUSAN 424 HENDRICKS ISLE #4 FORT LAUDERDALE, FL 33301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME EBBECKE, VINCE STREET ADDRESS 424 HENDRICKS ISLE #3 CITY-ST-ZIP FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE VP PRESIDENT NAME DAVID STEAVENS STREET ADDRESS 424 HENDRICKS ISLE #6 CITY-ST-ZIP FT LAUDERDALE FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME PROVINI, SUSAN STREET ADDRESS 424 HENDRICKS ISLE #4 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PROCELLE, TOM STREET ADDRESS 424 HENDRICKS ISLE #7 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE VP AEL NAME MICHAEL STROUSE STREET ADDRESS 424 HENDRICKS ISLE #1 CITY-ST-ZIP FT LAUDERDALE FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BANKER, DANA STREET ADDRESS 424 HENDRICKS ISLE #2 CITY-ST-ZIP FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME TOM PROCELLE STREET ADDRESS 424 HENDRICKS ISLE #6 CITY-ST-ZIP FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Susan L Provini</u> <u>SUSAN L PROVINI</u>			3-20-06 954-728-8818		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		