

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90079 049 ****66.25

DOCUMENT # 745064

1. Entity Name

COCOA BEACH BOATING CLUB, INC.



Principal Place of Business

**3950 S. BANANA RIVER BLVD
COCOA BEACH FL 32931
US**

Mailing Address

**P.O. BOX 784
COCOA BEACH FL 32931-0784
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1889055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUEY, SAM
3950 S. BANANA RIVER BLVD
COCOA BEACH FL 32931**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$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 NAME	PD COLLINS, THOMAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3950 S. BANANA RIVER BLVD, #1014	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	VD RATTENBURY, KENNETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	540 S. BREVARD AVE, #427	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	SD ROOT, ELSPEETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	540 S BREVARD AVE, STE 447	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	TD FOY, LAWRENCE	<input type="checkbox"/> Delete
STREET ADDRESS	125 W. LEON LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	D SMITH, DELORES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	660 S. BREVARD AVE #1545	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	D MURIEL, KELLA R	<input type="checkbox"/> Delete
STREET ADDRESS	3450 OCEAN BEACH BLVD, #706	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE NAME	CD Rattenbury, Kenneth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	540 So. Brevard Ave #427	
CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
TITLE NAME	VD Padgitt, Charles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	540 S. Brevard #411	
CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
TITLE NAME	SD Ross, Carolyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	540 S. Brevard #433	
CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
TITLE NAME	TD Foy, Lawrence	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	125 W. Leon Lane	
CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
TITLE NAME	D Wilhelms, Nancy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	550 s. Brevard #515	
CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
TITLE NAME	D Kellar, Muriel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3450 Ocean Beach Blvd. #706	
CITY-ST-ZIP	Cocoa Beach, Fl. 32931	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 4/1/03

Date

Daytime Phone #