


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

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90361 029 \*\*\*\*61.25

DOCUMENT # 745487	
1. Entity Name Salerno Pines Boat Basin Ass. Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business P.O. Box 1045 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1045 Suite, Apt. #, etc.	
City & State Port Salerno FL	City & State Port Salerno FL	4. FEI Number 59-2311071	
Zip 34992	Country USA	Zip 34992	Country USA

60029746

CR2E037B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Jones, Duane D.	
	Street Address (P.O. Box Number is Not Acceptable) 4726 SE Manatee Trail	
	City Stuart	Zip Code 34997

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 Duane D. Jones Duane D. Jones Treasurer Apr. 21, 2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended AR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVEC, Pat P.O. Box 1228 Stuart FL 34995	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tompkins, Debi 4893 SE Pilotway Stuart FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones, Duane D. 4726 SE Manatee Trail Stuart FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bohl, Gordon 4419 SE Tall Pines way Stuart FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Duane D. Jones Apr. 21, 2006 772-283-7925