2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 745487

Entity Name: SALERNO PINES BOAT BASIN ASSOCIATION, INC.

Current Principal Place of Business:

5636 SE MATOUSEK ST
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5636 SE MATOUSEK ST
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2311071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINS, CHRISTOPHER A
5636 SE MATOUSEK ST
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	TOMKINS, TED	
Address:	4893 SE PILOT WAY	
City-St-Zip:	STUART, FL 34997	
Title:	T	( ) Delete
Name:	HIGGINS, CHRISTOPHER A	
Address:	5636 SE MATOUSEK ST	
City-St-Zip:	STUART, FL 34997	
Title:	VP	( ) Delete
Name:	BOHL, GORDON	
Address:	4419 SE TALL PINES AVE	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	BOHL, GORDON	
Address:	4419 SE TALL PINES WAY	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	ROWLEY, EDWARD	
Address:	4770 SE ROCKY POINT WAY	
City-St-Zip:	STUART, FL 34997	
Title:	S	( ) Delete
Name:	TOMKINS, DEBI	
Address:	4893 SE PILOT WAY	
City-St-Zip:	STUART, FL 34997	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER A. HIGGINS T 04/21/2008

Electronic Signature of Signing Officer or Director — Date