

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745487

FILED
Apr 24, 2009
Secretary of State

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: VP (X) Change () Addition
Name: TIMPANARO, GREGG
Address: 5320 SW LANDING CREEK DR
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: KIMMEL, COREY
Address: 4754 SE TERI PL
City-St-Zip: STUART, FL 34997

Title: D (X) Change () Addition
Name: FILMAN, KATHRYN
Address: 1140 SE BUTTONWOOD CIR
City-St-Zip: STUART, FL 34997

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

04/24/2009

Electronic Signature of Signing Officer or Director

Date