FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # 770965 (2)

1. Corporation Name
ISLAMORADA CHARTERBOAT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
106 N. HAMMOCK ROAD ISLAMORADA FL 33036	P.O. BOX 462 ISLAMORADA FL 33036

3. Date Incorporated or Qualified: 10/27/1983

4. FEI Number: 59-2344436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 316 BURTON DRIVE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAVERNIER, FL	City & State 28
Zip / Country 24 33070 / 25 USA.	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DEUEL, CURTIS F.
40 HIGHPOINT ROAD, G-105, BOX 12
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing [redacted] office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAGURSKY, JOHN		1.2 NAME		
STREET ADDRESS	316 BURTON DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEOPOLD, STEVE		2.2 NAME		
STREET ADDRESS	272 S COCONUT PALM BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD.	☒ Change ☐ Addition
NAME	DUELL, CURT		3.2 NAME	BILL KELLY.	
STREET ADDRESS	40 HWY POINT BOX 12		3.3 STREET ADDRESS	129 TEQUESTA ST.	
CITY-ST-ZIP	TAVERNIER FL		3.4 CITY-ST-ZIP	PLANTATION KEY, FL. 33070	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, CHRISTOPHER		4.2 NAME		
STREET ADDRESS	237 OCEAN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~Christopher~~ CHRISTOPHER GARDNER 20JAN 98.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #