

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90043 008 ****61.25

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DOCUMENT # 770965

1. Corporation Name

ISLAMORADA CHARTERBOAT ASSOCIATION, INC.

Principal Place of Business

**316 BURTON DRIVE
TAUERNIER FL 33070
US**

Mailing Address

**P.O. BOX 462
ISLAMORADA FL 33036**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/27/1983

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2344436

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 its registered 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MAGURSKY, JOHN**
STREET ADDRESS **316 BURTON DRIVE**
CITY-ST-ZIP **TAVERNIER FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition
MAGURSKY, JOHN.
114 TWEETY PIE TERRACE.
Key Largo FL 33037

TITLE **VD** ☐ DELETE
NAME **LEOPOLD, STEVE**
STREET ADDRESS **272 S COCONUT PALM BLVD**
CITY-ST-ZIP **TAVERNIER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **KELLY, BILL**
STREET ADDRESS **129 TEQUESTA ST**
CITY-ST-ZIP **PLANTATION KEY FL 33070**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **GARDNER, CHRISTOPHER**
STREET ADDRESS **237 OCEAN DRIVE**
CITY-ST-ZIP **TAVERNIER FL 33070**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Christopher Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 JAN. 1999

305-664-6540
Date Daytime Phone #

CR2E037 (1/98)