


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90277 002 ****61.25

DOCUMENT # 770965 1. Entity Name ISLAMORADA CHARTERBOAT ASSOCIATION, INC.					
Principal Place of Business 272 S. COCONUT PALM BLVD. TAVERNIER, FL 33070 US				Mailing Address P.O. BOX 462 ISLAMORADA, FL 33036	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent DEUEL, CURTIS F. 40 HIGHPOINT ROAD, G-105, BOX 12 TAVERNIER, FL 33070				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEOPOLD, STEVE		NAME		
STREET ADDRESS	272 S. COCONUT PALM BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPE, GREG		NAME		
STREET ADDRESS	174 TAMPA DR		STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOLDE, CHARLIE		NAME	S/D MARK ELLIS	
STREET ADDRESS	129 TEQUESTA ST		STREET ADDRESS	132 E. CAROL ST. ISLAMORADA, FL	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	33036	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARBAUGH, DIANNE		NAME		
STREET ADDRESS	299 WOODS AVE		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dianne Harbaugh</u> DIANNE HARBAUGH					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <u>3/2/05</u> <small>Daytime Phone #</small> <u>305-852-2102</u>	